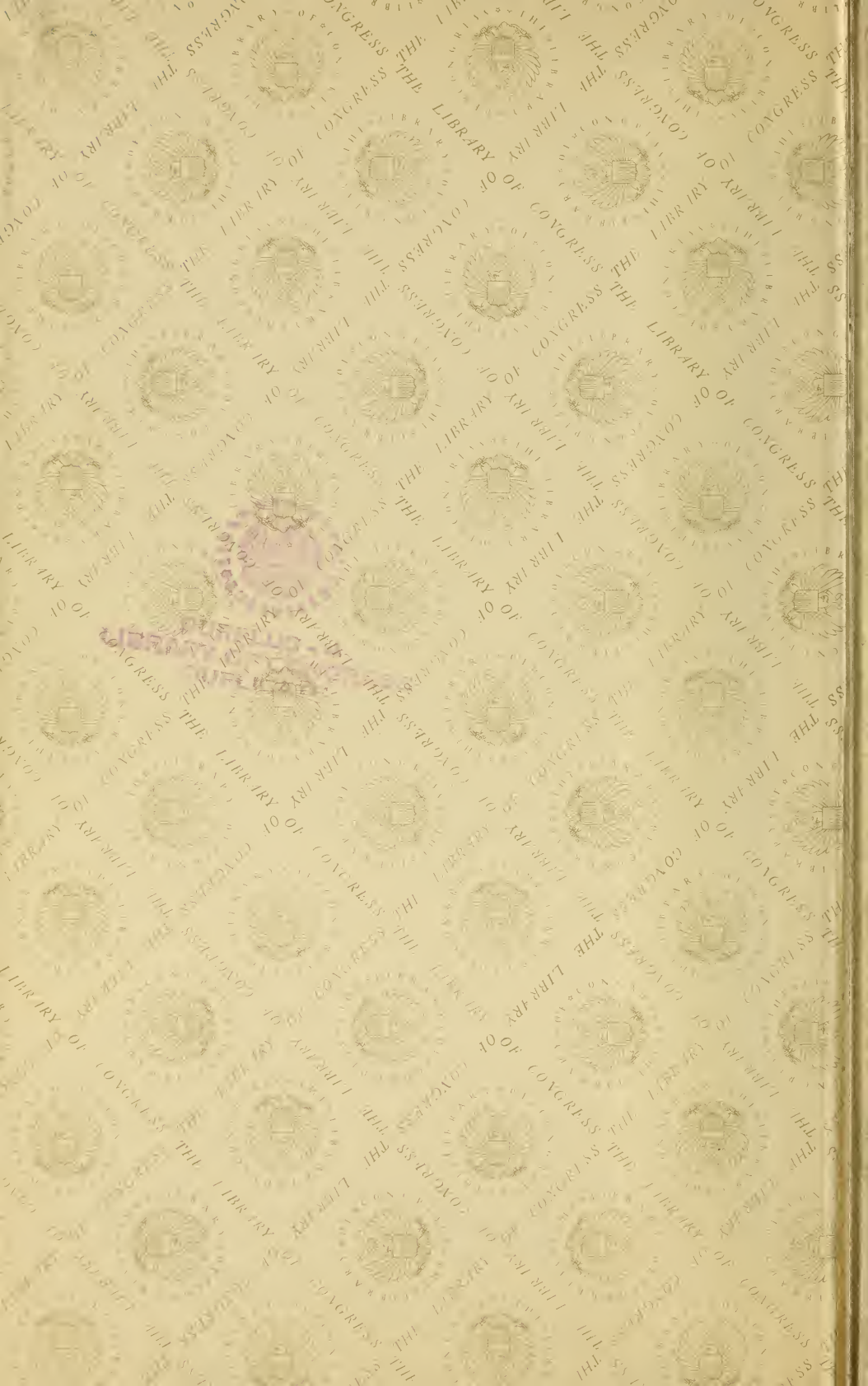

THE

Medical and Surgical Reporter:

A WEEKLY JOURNAL.

EDITED BY

S. W. BUTLER, M. D.,
AND
D. G. BRINTON, M. D.

JANUARY, 1867—JUNE, 1867.

VOL. XVI.

PHILADELPHIA:
ALFRED MARTIEN, PRINTER, 21 SOUTH SEVENTH STREET.
1867.

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New Ser.

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THE

MEDICAL AND SURGICAL REPORTER.

No. 514.] PHILADELPHIA, JANUARY 5, 1867. [Vol. XVI.—No. 1.

Original Department.

Lectures.

CLIMACTERIC MENORRHAGIA.

Extract from a Lecture Delivered by

Prof. B. F. Barker,

At Bellevue Medical College, Dec. 11, 1866.

Reported by E. S. Belden.

In the early part of my practice, and for many years, I met with a class of patients, from forty-three to forty-five years of age, who suffered from a constant flow of the menses, about two weeks in every four, a constant draft upon the genital organs, which was accompanied with great disturbance of the nervous system, and of the general health. I examined for polypi, fibrous tumors, and cancer, with the greatest care. I found it to be a peculiar menorrhagia, occurring especially at that period of life, when the functions of ovulation and menstruation were about to cease. I could find no organic disease upon which it appeared to depend. I consulted all the works to which I could gain access, both in our own and the French languages, with especial reference to this point; but found nothing satisfactory to aid me in its treatment. I find, that even at this time, none of our most recent authors, as Scanzoni, Bennett, McClintock, West, and Huett, or of the French authors, make any especial allusion to this peculiar type of menorrhagia, which I call the *climacteric menorrhagia.*

I feel assured, that in active practice, you will frequently meet with these cases, and will find the directions of authors vague and unsatisfactory, and the proper management of the affection very perplexing.

Climacteric menorrhagia occurs in the plethoric and the anæmic, and I believe it is no more liable to occur in the one habit of the system than in the other. It continues for a longer or shorter time, according to the improper or proper treatment of it. It is not an affection susceptible of arrest or cure by any constitutional measures. The ordinary styptics, hæmostatics, and astringents, have very little influence in controlling it. Churchill, in speaking of the treatment of this form of menorrhagia, recommends ergot as especially valuable in that class of cases where it is associated with an enlarged or hypertrophied uterus. Other authors recommend a great variety of styptics; but none of them speak with any very great assurance regarding the effects of their remedies.

When this menorrhagia occurs in those of full habit; and continues, as it often does, two, three, or more years, the patient is reduced from a plethoric to an anæmic condition. It frequently renders the condition of the general system such that it is incapable of bearing with the ordinary normal resistance, the shock of the little accidental injuries which may arise.

It sometimes appears in the form of violent exhausting hæmorrhage, to an extent almost equal to that which may occur in the puerperal state; this to be followed by an arrest of the menstrual function for two or three months, or longer, when a second hæmorrhage takes place, and so on. The system is thus reduced to a condition of anæmia, from which it arises only to be again brought down by this rupture of, and excessive hæmorrhage from the capillary vessels of the uterus. In other cases, the drain is less profuse and exhausting, and occurs much more frequently. These are no fancy pictures, but what I frequently meet with in actual practice.

A few years ago, I came to the conclusion, that this form of menorrhagia was due to no peculiar condition of the general system, was caused or accompanied by no organic lesion, and was uninfluenced by constitutional treatment. I then began to reflect, that the internal surface of the uterus, during the whole period of what is termed menstrual life, is subjected to a constant process of formation and development of the mucous membrane and its follicles; the decidual membrane, its exfoliation and reproduction, occurring to a certain extent at each menstrual period, and at each period of gestation and parturition, to a full extent; that this process might be interrupted, and that it was possible and probable that these forms of menorrhagia were due to the condition of the internal surface of the uterus. I now believe that this form of

menorrhagia is due to an imperfect cicatrization of the lining membrane of the uterus, following the exfoliation which occurs at each menstrual period, and associated with increased vascularity of this membrane. In other words, I believe it is caused by a lesion of the internal surface. I commenced treatment in accordance with this belief, and its success convinces me that the theory is sound.

I have, within a few years past, conversed with certainly the most eminent uterine pathologists now living in different parts of the world, and when the proposition has been fully stated to them, it has been accepted; and the treatment I propose, is now being practised in Edinburgh, London, and Paris, as well as by many in our own country.

Tepid water injected into the cavity of the uterus, in its normal undeveloped state, even in quantities of ten or fifteen drops, causes the most intense uterine colic. It is infinitely more tolerant of solid substances than of fluids, even the most bland. The presence of fluid seems to excite uterine contraction, and the uterine muscular tissue not being developed, these attempts at contraction produce excessive pain. But in these cases of profuse uterine hæmorrhage, where the cavity is enlarged and its capacity increased, half an ounce or more of fluid may be thrown in and retained by the then tolerant uterus.

Since Dr. Squibb, to whom the profession is deeply indebted, introduced the solution of the persulphate of iron, I have used this exclusively in the cases of sudden and excessive hæmorrhage, where there is consequently more or less blood acumulating in the uterus. In these cases I use an india-rubber syringe of the ordinary form for uterine injections. If the injection is thrown in with any force, it will be thrown out at once. The object is to have it retained in the cavity of the uterus, to exert its styptic influence, which is to form a firm coagulum, thus blocking up the open mouths of the vessels, and also to astringe the coats of the vessels themselves. So I introduce the syringe, and with great gentleness inject from twenty to forty drops of the persulphate of iron. I have never, in a single instance, made use of this remedy, without its being immediately followed by a complete and entire cessation of hæmorrhage, and no recurrence for some days afterward. In these forms of dangerous, profuse, and sudden hæmorrhage, this treatment is infinitely more successful than any other measure.

The second form of menorrhagia is that which occurs at the climacteric period, which is much less profuse, but continues from two to three weeks, an exhaustive drain upon the system. In this form, my object is to carry into the cavity of the uterus some substance which will produce rapid cicatrization of its lining surface. The agent which I have been using exclusively for this purpose, for five or six years, is a solution of sulphate of zinc in glycerine. The combination is

℞ Zinci sulphas, ℥j.
Glycerin, f.℥ij.

I find that a drachm of glycerine will dissolve an ounce of the sulphate of zinc; but in the combination I have given you, the proportions are such as to give it the proper consistence.

The instrument I use for this purpose is a hollow tube perforated in every direction at its extremity, the whole shaped like an ordinary female catheter, in which is fitted a piston. The instrument is filled sufficiently by partially withdrawing the piston, and dipping the perforated extremity into the ointment, which is then injected into the cavity of the uterus, by the use of the piston. In regard to this treatment, I could give you a great number of cases, in which the patients, in a state of extreme exhaustion, have been subjected to a great variety of constitutional and local treatment, but without effect, until by means of this simple treatment, the drain upon the system has been arrested. In these cases of menorrhagia, I have not, in a single one, had to apply this method more than twice.

Pathology and Treatment of Pneumonia.

Dr. R. Cresson Stiles, of Brooklyn, communicates a paper on pneumonia to the *Med. Record*. In the post-mortem examinations of eighteen fatal cases which occurred in the Kings County Hospital, there was an average excess of two pounds in the weight of the solidified lung, over that of the sound lung, due to the pneumonic exudation; in one case, the weight of the exudation amounted to 4 lbs, 3 oz; and in general, it was proportional to the extent of pulmonary tissue solidified.

Regarding treatment, Dr. Stiles advocates the administration of large doses of carbonate of ammonia as favorable to the absorption of the fatty matter into which the pneumonic exudation degenerates before it can be removed. Carefully conducted experiments on the physiological action of carbonate of ammonia, have led him to the conclusion that it possesses no stimulating influence, other than its irritant action on the stomach. He has repeatedly administered drachm doses of the pure carbonate, sufficiently diluted, without the slightest influence upon the pulse. In the treatment of pneumonia, he is in the habit of giving from eight to ten grains of the carbonate, properly diluted, every two or three hours. This treatment has generally resulted in shortening the period of recovery, and in ameliorating the most unpleasant symptoms.

Communications.

AN UNCLASSIFIED SKIN DISEASE.

By S. J. Radcliffe, M. D.,
Of Washington, D. C.

I have seen several articles in the "Medical and Surgical Reporter" on that peculiar, and, I believe, heretofore unclassified eruptive skin disease, known by the vulgar name of *army itch*, or the psora of the army, the majority of which have referred principally to the therapeutical action of the various remedies commonly employed, or to some particular agent especially applicable, or that has had more the character of a specific than any other in the wide range of the experience of the writer.

I had many opportunities during the war to examine and treat this harrassing disease from its mildest to its worst form, especially at the U. S. General Hospital at Annapolis, Maryland, where (considering the large number of paroled officers and men constantly arriving from the Southern prisons, which, from their over-crowded condition, want of proper hygienic regulations, and other surroundings, were not particularly, it may be believed, conducive to the healthy action of the skin, or remedial to any of its diseases,) it was more fully developed—probably better exemplified, and could be seen under more favorable circumstances, so far as its influence upon the constitution was concerned, when attended with all the depressing influences of imprisonment and prison life, as well as under more enlivening conditions than, it may be, at any other hospital or rendezvous not similarly situated.

I must, however, with a great many, confess that even after all the experience had, in civil and military practice, in every sense, I was not always sure of my mark in treating it; nor do I believe that its exact nomenclature, pathology, and the therapeutics applicable to it, has been so certainly written as one might at first sight suppose. I will not, therefore, at present review or criticise anything that has been written on "army itch," but will hastily, and in a few words, run over a few items or topics connected with it, and give you in conclusion—which is my principal object in writing this—what I have used most successfully in curing it.

As a disease, I think it may be classified very properly under the head of *Eczema*. It comes nearer to that affection than any of the classifications of dermatologists. If you examine the symptoms, course, terminations, etc., of eczema, carefully, I think you will find, if not every symptom exactly similar, many parallel points which resemble each other in a marked degree (except perhaps that of its non-contagiousness), especially in its chronic form, a reference to which is probably necessary in order to witness its similarity. Both are vesicular—the vesicles crowded together in irregular patches, their contents consisting of a transparent lymphic or serous exudation, with or without basic redness, according to the degree or extent of the disease; which rupturing, their contents exude, excoriate the skin, forming crusts, or are capable of propagating successively new crops, thereby materially increasing the extent and intensity of the disease. Both are capable of producing a high degree of irritation of the sytem, causing loss of vigor, restlessness, sleeplessness, loss of appetite, and its associate, enervation; and are accompanied by all those distressing sensations which are designated by the terms, intolerable burning, tingling, itching and stinging, and both are prone to assume the chronic form. In regard to this latter condition, we are rarely ever called to treat it until after it has existed for some weeks, perhaps months—very little notice being taken of it in its first attack. Perhaps it may be dissimilar in regard to the parts of the surface mostly affected. In the disease under consideration we find it principally on the hands and fingers, on the elbows, and scattered from the axilla to the wrist, in distinct red spots and vesicles, on the nates or buttocks, particularly in the popliteal space and about the ankles. It is often also spread irregularly over the whole body. I have seen it so extensively spread over the seat and about the anus as to render the recumbent position even, only tolerable, and then, on the anterior part of the body; and the hands and elbows so stiff from the crusts, and painful from the intervening fissures being excoriated by the exuding contents of the vesicles, together with the insufferable itching accompanying it, as to render it scarcely within the bounds of possibility that the patient could support himself under the excessive nervous irritation it produced. But the parallel may be run so far as to include its termination in desquamation, or in a scaly or furfuraceous disease succeeding the primary vesicular, and a final restoration of the skin, after months or years, to its normal condition.

Whatever dermatologists may say in regard to its particular seat in the skin, whether in the cutaneous follicles or epidermic or hypodermic tissues, or what not, that is a matter yet to be settled. I regard it as a contagious, vesicular

skin disease, the vesicles without insectiform contents, but containing a highly excoriating limpid fluid, non-febrile, but capable of causing a high state of systemic irritation, and capable of extending itself by contact illimitably. It may attack the high or the low, the rich or the poor, the young, the middle-aged, or the old. In every condition and class of society it may enter. The infant at the breast is as liable to it as any other member of the family. The whole family may suffer at once.

In regard to the causes, these are uncertain. In the army, where so many cases occurred, from which circumstance it has received its vulgar name, it was supposed to originate from various causes. Want of cleanliness—the opportunities for which were so infrequent, especially on long or continuous marches—and the influence of the direct rays of the summer sun, continuously day by day, while the skin was in a relaxed condition, and the follicles encrusted and closed perhaps by the accumulations upon its surface, and the body fatigued, and unable to resist the high temperature it was compelled to bear; together with the diet, the necessarily insufficient nourishment or pabulum, obtained for the great labor performed, were considered some of the causes. Probably it existed to a greater extent among the paroled prisoners of war than in those who continued with the army. If crowding together, filthy habits, want of cleanliness, and opportunities for cleanliness, insufficient and unhealthy or improper food, with all the vices and proclivities of a prison life, during incarceration as a prisoner of war, are causes for the disease, surely we cannot wonder that it was so wide-spread, or that it attacked with such intensity, either by fomites or bodily contact, wherever it could have a lodgment under circumstances favorable to its growth. From this grand nucleus it certainly spread throughout every community, through the great thoroughfares leading to and from the army into almost every household. It is very possible it may be a disease peculiar to large armies, and therefore it may be very properly named. It is not uncommon for diseases of various kinds to follow armies. It is not necessary to enlarge upon this point, however, as the limits of this article will not permit of such extension, but by referring to histories of great campaigns it will be sufficiently elucidated, I think, to justify the assertion. This disease was certainly an epidemic during the late war, especially at points contiguous to large bodies of troops, and has ceased to be so since its close, and the return of the soldier to civil life.

In conclusion, then I will say, I have not discussed its exact place in the nomenclature of dermatologists, but have simply mentioned some points of resemblance between it and eczema, particularly in its chronic form; nor have I, considering it a disease *per se or sui generis*, ventured to give it a suitable name, that will fix upon our minds at a glance its true character, unless I should call it eczema exercitii—or exercitorum. I have only, in my view of its nature, given a definition in outline, that will carry with it an approximate idea of its pathological conditions. Its causes, also, I have considered uncertain. Whether they belong to those local influences, from which originate all contagious or zymotic diseases, or belong to those that are more properly general and atmospheric, I have not now attempted to prove; though there is more to convince us that it has its origin in impurities of localities, and of persons, especially in crowded ill-ventilated, filthy apartments, than in general atmospheric condition. Its course and termination, I consider, if left to itself, is very uncertain, and that it may become epidemic under favorable circumstances, there can be but little doubt after the ample experiences and opportunities all have had to see and treat the disease in the last five years.

Finally: I have but a few words to say upon the subject of the treatment. Nearly every practitioner under whose observation the disease has come, has had his particular remedy or mode of treatment, and in offering another plan it may probably be equally said of me that I have my hobby. I must say, however, that I have no hobbies—never have believed in them, nor in specifics, nor in anything that will cure everything; yet, I believe there is no remedial agent in the materia medica that has so general an application to the various "ills that flesh is heir to," as the one I shall suggest. In the treatment of this disease, I believe I have gone through the list of medicaments recommended for it. I have used sulphur ointment, iodide of sulphur ointment, sulphuret of lime in solution, corrosive sublimate, yellow wash, black wash, muriate of ammonia in solution, solution of chloride of calcium, solution of chloride of sodium, a combination of glycerine and sulphur, solution of iodide of potassium, and various other reputed adjuvants, and recommended the various medicated baths, popularly employed, besides enjoining frequent ablutions, and thorough cleanliness externally, with the internal administration of some of the above preparations in some form or other, with Fowler's solution, Donovan's solution, and opium in some form, and

persisted in them continuously for various periods, and I must say I have not had that success I might have anticipated after such vigorous treatment, not near as much as I have had with that simple remedy—I know you will smile when I say it—known under the name of glycerine. After many trials and failures under the heroic methods of treatment, it soon became apparent to me, that it was strictly a surface disease, rendering the skin highly sensitive to external impressions, of itself, and by the very acrid properties of the exuding contents of its vesicles, and that any caustic or irritating application made to the surface, not only increased the intensity of the irritation, but indeed carried it beyond irritation, to often a highly inflamed condition, but rendered the constitution more liable to a general sympathetic irritability, amounting almost to disease.

With this view of the case, I abandoned all former preconceived ideas concerning it, with all applications that would have a tendency to irritate the surface, and all immediate constitutional alterative treatment, and resorted to the simple plan of giving an occasional saline aperient, enjoining strict cleanliness, by frequent full bathing in tepid water and fine soap, a non-stimulating diet, and the application, twice daily, of equal parts of glycerine and olive oil, thoroughly mixed, by means of the palms of the hand, the mixture applied from them immediately to the parts affected; or the glycerine may be thoroughly mixed with the oil in a glass or porcelain mortar, or by agitation in a large vial, and applied as any ointment of a semi-fluid nature. And from the result—whether the treatment be considered empiric or not—I have reason to be satisfied with the effort, and would now feel quite as certain of relieving a case of the disease, of however long standing, with this simple treatment, as I would of arresting a paroxysm of intermittent fever with any of the preparations of quinine, and in quite as short a period. The addition of the olive oil makes it more soluble, more permeable, more easily applied, and obviates that gummy feel that is often experienced when applied alone.

—— Medical Humor.—At a late medical dinner in London, Sir Charles Locock, who has been nearest to the Queen in some of her most trying moments, was facetiously toasted as the "earliest friend" of the rising members of the Royal family. He was also congratulated on the honors he had attained, after numerous and arduous "labors," and as her Majesty was at a loss what additional title to confer, the company suggested "Lord Deliverus!"

CASE OF ABSCESS OF THE LIVER.

By James B. Burnet, M. D.,

House Physician at Bellevue Hospital, New York.

Thomas Brown, a native of England, forty years of age, and a blacksmith by occupation, appeared some months ago at a medical clinic of one of our city colleges. From him was elicited the following history:—Father is dead, but the cause of death is unknown. There is no known hereditary predisposition to disease in the family. He has lived in this country for eighteen months, and in the West Indies, which he left in 1856, for ten years. Whilst there he was taken with pain in the right side under the free border of the ribs, which pain still continues. It is not constant, however, continuing for two or three weeks at a time, and then sometimes going off for three or four months. Never had yellow fever, but had dysentery while in the West Indies. He is troubled with flatus and subsequent diarrhœa, and has been so for twelve months. Never had venereal disease—never had any cough or spitting of blood. On one occasion, after he had had the dysentery, he had a heavy tar-like discharge from his bowels. At that time he vomited a greenish-looking material. Never vomited any thing that looked like coffee-grounds. He never was a sailor, but was a soldier for one year and five months in the English service, in the West Indies, and was discharged on account of the pain in his right side. This was nearly eighteen years ago. Twelve months ago, he procured his discharge from the United States Army. He had the chills and fever near Washington, where he was encamped. For the past two or three years, when the diarrhœa was not upon him, he has been troubled with persistent constipation. His fæces are sometimes quite white, and again at times they will be very black. His urine is high-colored and has a reddish sediment in it. When he has his bad attacks of pain in his side, he is jaundiced, but feels well between these attacks. Has lost flesh rapidly of late. Does not indulge at all in alcoholic potations. Last Saturday the pain in the side became much worse, and with it he has since suffered exceedingly. The pain was never so severe as it was on last Saturday, four days before. On Friday and Saturday night he had a chill, and a great burning in his head. It hurts him to lie on his left side, as he then feels a weight pressing down upon that side.

Present Condition. He has an anxious face—one indicating some organic disease. He looks somewhat like one suffering from carcinoma. He has a yellow tinge, as if there might be some-

thing the matter with his liver. His pulse is almost imperceptible, small, frequent, and feeble, and 118 in the minute. His skin is unnaturally hot, and rather moist. His tongue is coated with a heavy white coating, and is disposed to be yellow in the centre. The tip is not dry. The eyes are of a blue tinge, but not yellow. The countenance is slightly tinged with yellow. The body is not particularly jaundiced, but is a good deal emaciated. The respiration is almost entirely thoracic. He uses the abdominal muscles but little. It is not hurried. The apex of the heart beats in its normal place, but the impulse is feeble. On percussion of the lungs, anteriorly there is slight dulness on the right side, but not unnatural dulness. Percussion posteriorly of the lungs gives a normal resonance on both sides. Lung tissue is healthy. There is nothing wrong about his heart. On exposing his abdomen, a marked prominence is seen in the right hypochondriac region, extending to the middle line. As he lies down, the prominence does not disappear. It extends below the umbilicus far to the right and to the left, as far as a line let fall from the left nipple. It has a feeling of fluctuation. There is not much tenderness over it. It has not the smooth, regular outline of the healthy liver. It is not as smooth as a fatty liver, and he does not give the history of one. We do not get fluctuation in a fatty liver, and the patient is much inclined to sleep, and we are apt to find more jaundice than this man presents. In waxy liver you would have ascites, but there is none here. This is not a hard tumor. In cancer of the liver you will also have ascites, and besides, this man's face does not present the true cachexia of cancer. Only for the last three or four months has the enlargement been going on rapidly. It has lasted too long for cancer, which generally rapidly kills. If it were an abscess at the beginning, it would have ended long ago. For four days it has increased with great rapidity. Now for an opinion. This man may have had acute hepatitis in the West Indies. This chronically enlarged liver probably has troubled him for these eighteen years. The former attacks have nothing to do with the present attack. We must decide this then to be an *abscess of the liver*. This abscess points about two inches from the free border of the ribs, and 1½ inches from the median line. It is better to let nature open it, if she will. If it spreads, and he suffers much pain, it may be necessary to open it. Poultices would probably do no harm, and therefore we will allow him to keep on with his flaxseed poultices. His chances of living are about equal. If he suffers much pain, give him opium. Such was the case as it was presented to the class, and such the diagnosis made by a distinguished diagnostician.

The next week our patient again appeared at the clinic. Since his last appearance, he has suffered greatly; he cannot sleep on account of the pain, which is worse during the night. He has had no chills since last week. Bowels are more regular. To-day he is better than he has been during the week. He does not look any worse than he did last week. He has continued with his flaxseed poultices. His side is of about the same prominence, but the tumor is enlarging downward and to the left. It reaches to within 1½ inches of the crest of the ilium. There is a distinct sense of fluctuation. It seems on further inspection to be a little more prominent toward the left side than it was last week. He says it pains him most to the left. The lower outline is gotten much more distinctly than it was before. The pulse is the same in character and frequency. He has no fever, and feels about the same as last week. Keep on with your poultices, and put laudanum in them if much pain is present. Probably it will break externally.

The next week the man again appeared at the clinic. He is more yellow, and much worse than ever before. Rapidly he has failed. The tumor is more prominent, and is increasing to the right. It is one-third larger than it was last week. He has much fever, has had chills, has sharp pains in his abdomen, and is getting up a localized peritonitis. Already his system is much affected. He is now sent to Bellevue Hospital.

At Bellevue Hospital he was seen by several distinguished practitioners, and the diagnosis already made was confirmed. Becoming dissatisfied, the man left the hospital and entered another well-known institution. Here the diagnosis of *impacted fæces* was made, and the man given a powerful cathartic. After a free evacuation the tumor was found to have entirely disappeared. Most unfortunately no examination was made of the discharge from the bowels. The man rapidly recovered. Several weeks afterward the patient appeared for the last time at the same clinic, and was again examined by the same professor. Some tenderness still remained, and the liver was still considerably increased in size. There seemed to be no reason for changing the original diagnosis. The opinion of the professor was that the abscess had broken into some portion of the intestinal canal, which event had been precipitated by the stimulating action of the cathartic. The result was certainly most fortunate. The man's general appearance had greatly improved. We

will merely add that we had an opportunity of carefully examining the case upon the first appearance of the man at the clinic, and *were perfectly satisfied*, and *are still*, with the correctness of the original diagnosis.

Hospital Reports.

Jefferson Medical College,
November 21, 1866.

Surgical Clinic of Prof. Gross.

Reported by Dr. Napheys.

Operation for Cataract.

Robert H., æt. 60. He has been blind in the right eye about two weeks. This blindness came of its own accord, and suddenly, although the sight has been failing gradually for several years. There is a slight perception of light even now. The left eye is completely blind, in consequence of a former injury. Dr. Physic, the father of American surgery, removed from it a small piece of steel. The pupils are slightly dilated under the influence of atropia.

The bluish appearance and the size of the lens, and the history of the case, induce the belief that the cataract is a comparatively soft one. The pupil is perfectly natural; before it was dilated, it was movable. There is no complication with iritis, and from the fact that the man has a perception, though faint and indistinct, of light, the inference is, that the retina is in a condition for the performance of a successful operation. This is the more indicated, because of the irremediable blindness in the other eye.

This operation may be performed by comminuting the opaque crystalline lens and capsule, and pushing the fragments forward so as to submit them to the influence of the aqueous humor. This is the operation by division or solution. There is another operation, that by couching or depression, which cannot be too pointedly condemned, because the displaced lens acts as a foreign substance, dissolves the vitreous humor, and is thus brought in contact with the retina and choroid coats, exciting inflammation and disorganization, eventuating in total loss of sight. A third operation is that of extraction, by which the lens is removed through an incision in the cornea.

The operation of comminution was performed by means of Hay's cataract-knife, which was introduced at a distance of about two and a half lines behind the cornea, a little below the horizontal axis of the eye, to avoid the long ciliary artery. Entrance was effected without the slightest difficulty, and the instrument brought in contact with the lens, which was thoroughly comminuted, care being taken not to interfere with the margin of the iris.

The lids were closed with isinglass plaster, and precautions enjoined to keep the inflammation within proper limits. He was ordered to take immediately one-third of a grain of morphia, which is a matter of paramount importance after an operation of this kind, to prevent rigors and pain, and induce sleep. If too much inflammation should supervene, a few leeches may be applied, not to the lids, because of the presence there of a large amount of cellular tissue, which would be infiltrated with blood, but to the temples. This operation has occasionally to be repeated, which should not be done under three or four weeks, or until all the inflammation consequent upon the first operation has subsided.

Tri-lobed Ear.

Miss F., æt. 20. The left ear is tri-lobed, caused by the ear-ring being torn out forcibly.

The operation for the removal of this deformity involves the same principle as that for hare-lip, and consists in paring the surfaces of the lobes, and then approximating them by suture.

The parts were pared with the scissors, and four raw surfaces thus obtained, which were then brought accurately together by means of two sutures; one twisted, extending through the three lobes, and one interrupted, extending through the edges of the two lower ones.

Recovery from Traumatic Tetanus.

Wm. H., æt. 21. This case is an extraordinary one. Prof. Gross saw him in consultation six weeks ago. Two weeks prior, the patient had had the misfortune to break his little finger, between the tongue of a hose carriage and the wall of a house. An attempt was made at conservative surgery. At the expiration of a fortnight symptoms of tetanus supervened. When Prof. Gross saw him several days after, he found him with a wedge between his teeth, to prevent injury to the tongue, and enable him to swallow such food and medicine as were ordered. His head was thrown back, and he was an object of great suffering and commiseration. He could not lie down at all, day or night, for two weeks; at the very moment his head touched the pillow he was thrown into violent spasms. He had little or no appetite, and considerable thirst. Prof. Gross saw him in consultation every other day for a while, and at last twice a week for upwards of a fortnight. Finding that the finger was a source of great suffering, it was removed at the second visit, and the whole limb wrapped up in a strong solution of sugar of lead and opium, under the influence of which, and constitutional means, the inflammation rapidly subsided, the swelling and pain disappeared, and the limb became comparatively comfortable. Internally, he took one-half a grain of morphia, some three or four times in the twenty-four hours, along with quinia, the tincture of the chloride of iron, and nutritious food, in the form of beef essence, together with an abundance of milk punch. Gradually, the tetanic symptoms subsided, and ultimately, they entirely disappeared. He has now been perfectly free from them for three weeks next Saturday. He has improved in flesh, sleeps well, and has a good appetite.

Traumatic tetanus is usually fatal at a period varying from a few days to several weeks. Only two other cases have been seen to recover by Prof. Gross. One was that of a man in Kentucky, who had the misfortune of injuring one of his fingers. After the symptoms of teta-

nus supervened, Prof. Gross was called to see the patient. Amputation was performed, and he was put on local and constitutional treatment, of a character similar to that of the case just referred to; and although the symptoms lasted for a week longer, yet the man got entirely well. The other case occurred in a little child, living a few miles back from Louisville, who, in falling from a fence received a punctured wound, by coming in contact with a splinter, which entered the face below the eye. Symptoms of tetanus soon after made their appearance. When Prof. Gross was called to the patient, they had been in progress a number of weeks. An excision was made, the splinter extracted, and the child made an excellent recovery.

Medical Societies.

RHODE ISLAND MEDICAL SOCIETY.

The semi-annual meeting of the Rhode Island Medical Society was held in Warren, Dec. 19th.

The President, Dr. Otis Bullock, of Warren, presided. About forty members were present.

Drs. Wm. H. Palmer, and Paul Redfield, of Providence, and Henry L. Hammond, of Pawtucket, were admitted as members of the Society.

Dr. Henry Pierpont, of New Haven, a delegate from the Connecticut Medical Society, and Dr. Horatio R. Storer, of Boston, were present, and were introduced to the Society.

The semi-annual oration was given by Dr. Morton, of Pawtucket, who enforced the importance of free ventilation for the preservation of health, and in the treatment of disease.

The subject of criminal abortion was introduced, and much feeling was expressed, with particular reference to a recent event in Providence.

Dr. Storer, of Boston, who has given much attention to the subject, spoke eloquently, and at length, upon it.

Drs. Snow and C. W. Parsons, of Providence, and Dr. Ariel Ballou, of Woonsocket, were appointed a Committee to present resolutions for the action of the Society, and also to memorialize the General Assembly upon the subject. The Committee subsequently reported the following resolutions, which, after discussion, were unanimously adopted:

1. *Resolved*, That the increasing frequency of criminal abortion justly excites the alarm of thoughtful citizens, and especially of physicians as guardians of the public health.

2. *Resolved*, That the life of the unborn child, at any period of gestation, should be held sacred, and its wilful, unnecessary destruction, in the view of the Fellows of this Society, is *murder*.

3. *Resolved*, That we deem it our duty, as representing the medical profession of the State, to offer our earnest remonstrance on this subject, and to endeavor to contribute to the formation of such a public sentiment that criminal abortion shall not be regarded as a venial offence.

4. *Resolved*, That the General Assembly be petitioned, in the form of a Memorial from this Society, to amend the laws of this State in such a manner as to mark criminal abortion as a heinous crime.

Drs. Bullock, Ely, Collins, U. Parsons, Dunn, Mauran, Clapp, Ballou, and Mason, were appointed delegates to the annual meeting of the American Medical Association, to be held in Cincinnati, May, 1867.

A paper prepared by Dr. L. A. Martin, of Bristol, upon the cases of cholera in that town, in September; and a paper by Dr. Shaw, of Wickford, upon puerperal convulsions, were presented and referred to the Committee on Publication.

Dr. Stephen D. Keene, of Providence, was appointed the orator for the next semi-annual meeting.

At two o'clock the members of the Society proceeded to the residence of Dr. Bullock, the President, where they were entertained with most elegant and sumptuous hospitality.

BALTIMORE MEDICAL ASSOCIATION.

September, 1866.

Reported by J. W. P. Bates, M. D.

Subject for Discussion—Diphtheria.

The discussion was opened by Dr. Kinnemon, as follows:

There has been a great deal said about diphtheria,—some true, but a great deal not true—about sore throat, &c., and there can be no diphtheria without sore throat. Some say that it and scarlatina are one and the same disease; others that it is a disease *sui generis*. This is my opinion. I have seen the membrane cover the whole surface of the throat; destroy it by caustic and in half an hour it would be reproduced. I have seen cases of diphtheria, so called, without this membrane, but I have never seen a case of scarlatina with the membrane. The symptoms of the invasion of the two diseases are different. No eruption in diphtheria. Scarlatina ushered in in twenty-four hours after exposure; bad cases may commence with convulsions: have never seen diphtheria commence in that way. The condition of the tongue is different; I have not seen the elevated papillæ in diphtheria. Sometimes we meet with cases in which the two diseases are interchangeable. I remember attending a family in which one child had diphtheria and recovered; another contracted the disease and died without any symptoms of scarlatina; whilst a third had scarlatina without any symptoms of diphtheria. I do not know how to explain the sequence.

Authors say that after the membrane is formed in diphtheria the case is necessarily fatal. I attended a girl, about nine years of age, taken with all the symptoms of this disease and apparently nigh unto death. I trusted most to tonics. As a local application I used cupri sulph. (gr. x ad aquæ f.℥j) and by means of a mop carried it as far down as I could. The child began to cough and the membrane was dislodged. I told the mother that it might be reproduced, but it was not, and the child recovered.

Dr. Arnold. I was under the impression that a differential diagnosis of diphtheria was no longer *sub judice*, because the symptoms of scarlatina

are so well marked that a mistake can hardly be made. The membrane, invasion, and sequelæ are entirely different. The membrane of diphtheria can hardly be called a membrane—it hardly ever loosens. I have found it on the labia minora, in the vagina, and lining the nostrils. If we are called to the case before the membrane forms, the throat looks purplish, tending to brown, with sometimes little clots of blood. The margins of the tongue are serrated. Ulceration often takes place. The fauces may get entirely well yet the patient dies, which proves that topical applications are useless. We know this condition of the throat may take place and yet no croupy symptoms. The disease is often ushered in without fever—at other times with high fever. I remember attending a case in which the most complained of was that the child would not nurse. Its throat was engorged, turgid and purplish. It did not die from asphyxia—there was collapse and it died exhausted. In regard to the sequelæ. If blisters are applied to the throat the raw surface becomes covered with a peculiar membrane which is very thick and leathery. Some cases are followed by hemiplegia, and get well on quinine and iron. We all know the treatment is very unsatisfactory. We see patients get well under all kinds of treatment, and no treatment. The profession cannot boast of its success. Mild cases get well, severe ones die, as in typhoid fever. I have been under the impression, recently, that there is a great similarity between diphtheria, erysipelas and puerperal fever. There appears to be blood-poison in all these diseases. In this one we cannot tell why it locates itself in the throat any more than we can give the reason of Peyer's glands being affected in typhoid fever. The treatment should be adapted to each case, though the therapeutics of the disease is very unsatisfactory. Genuine diphtheria is almost universally fatal, and highly unmanageable. If here and there one gets well, I shall not accuse myself of having cured it.

Dr. FAY. I have been thinking over two or three cases which came under my notice, the prominent features of which I will touch upon. The first question that arises is, is it a local disease? I think not. Is the pseudo-membrane the principal symptom? I have met with cases in which it did not appear for twelve hours after the disease set in. I knew it was a case of this disease from the membrane appearing afterwards, but I could not diagnose it at the time. I recollect the case of a man in the military hospital, who was taken with choking symptoms, struggled violently—seemed like a case of spasmodic laryngitis. After the application of some remedies he obtained relief. Still had some feeling of stricture of the throat, which was relieved by a couple of leeches. Examined the throat, no false membrane, but the throat turgid. Next morning the membrane very thin, removed by tr. ferri chloridi. Continued to re-form about once in three hours, but the iron never failed to remove it. Having had some sad experience in this disease, I gave him some of the strongest tonics and as many of them as he could bear. Another case which shows the disease is not a local one. A man attacked with this disease, had an ulcer on his body which became quite as thickly covered with false membrane as the throat. Another man had his leg amputated and labored under diarrhœa which enfeebled him very much. After it ceased diphtheria set in and spread over the tonsils, but was removed by iron. During the progress of the case the false membrane appeared on the unhealed portion of the stump.

I have seen this membrane in the nares—the patient did not die asphyxiated, for it did not extend into the trachea far enough to interfere with the breathing.

Dr. DONALDSON. Dr. ARNOLD thinks that under all treatment severe cases will die. I cannot agree with him. We can do much in averting the tendency to death. During the first ten days the tendency is to death by apnœa and asthenia. In some cases there is great loss of strength as early as the fifth day. By the timely administration of tonics, as milk, beef-tea, alcohol, etc., the life of the patient may be saved. Where the tendency is to death by apnœa we may avert death by opening the trachea. In regard to the sequelæ. Paralysis may affect the pharynx and the par vagum may not perform its functions. Frequently strychnia, ergot, galvanism, are of use. The use of mercury to prevent the deposit of the membrane is detrimental, and there is no difference of opinion upon that point.

Dr. CURRY. I recollect, some years ago, treating a case that corroborates the statement of Dr. DONALDSON, as it recovered under the use of quinine, beef-tea, etc. No deposit in the larynx, but some in the fauces. Afterward there was paralysis, vision affected, staggered when walking, could not control the muscles of the arm. I gave strychnia; after ten days, improvement began, and there was no trouble afterward.

Dr. ARNOLD. I would like to believe that bad cases ever get well. I have seen cases get well, but my cases were like FALSTAFF'S sack and bread. None follow WOOD'S mercurial treatment, but all use tonics, for the same reason that typhoid fever is treated by brandy. No statistics give us the right to say that the extreme cases are cured. It is hard to decide between cures and recoveries. We treat this disease on general principles, because it is combined with asthenia, because the general symptoms seem to require it. We cannot point to any very satisfactory results from our treatment, as the disease is almost beyond our control. I agree with Dr. DONALDSON; but I doubt whether he has any brilliant results to offer. I do not recommend the expectant treatment. SYDENHAM says there are more false facts than false theories. If the tonic treatment was recommended, because of its peculiar success, it would be different, but when used on account of the symptoms, it has nothing to recommend it. No treatment changes the ratio of deaths to recoveries. I pursue the treatment of Dr. DONALDSON, but I do it without any great hope of cure. The pathology is better known than the therapeutics, which is the great thing.

Dr. WILLIAMS. It is hard to meet the line of argument of Dr. ARNOLD. Some get well with no treatment; others will die under any; but many cases, and bad ones too, get well. We can-

not say that we do not cure. It is hard to say whether we cure or not. We cannot say that a case is going to result in a malignant one, which Dr. Arnold says is almost invariably fatal, but we hope to arrest it before it proceeds so far. I remember seeing a child tossing about the bed with all the symptoms of this disease—much prostrated, and almost pulseless. Tonics and chlorate of potassa were used, the restlessness was calmed, and the child got well. I should say that case was cured. There is no greater misfortune than to shake the public confidence in the efficacy of remedies; it not only shakes the confidence of the patient, but also of the physician himself. This disease is one of blood-poisoning, cause not known; we only know its effects. The first result is extreme asthenia. In regard to the similarity to scarlatina. I attended a young girl for diphtheria, which seemingly would not get well. Four days afterward, the eruption of scarlatina appeared, and the body was completely covered. I knew it was diphtheria, for it was epidemic in the school which she attended, and her room-mates had it. This seems to establish a similarity between these two diseases. They are both zymotic diseases, and I treat them alike. Eight out of ten of the cases that I have seen, get well. Dr. Arnold may say that most of them were mild—so they were; the disease was arrested, and they recovered. I cannot say what would have been the result, if no treatment had been instituted. Most of the deaths are from asthenia, few from asphyxia. We have been driven to tonics by experience, not by theory; and, therefore, are justified in using them. Is diphtheria contagious or not? This is an important question. I was firm in the conviction that it was not; but some cases that I have seen in the last twelve months, have rather shaken my belief. I have seen it go through schools and families. In a school in Madison street, everybody had it—it went through the school, and then through the family of the principal.

Dr. Hartman. When I see a case of this disease, I always think that there is some blood-poisoning. I cannot tell any more what it is, than I can tell what the poison of scarlatina or typhoid fever is. All will say, that we do good in those two diseases; and if in them, why not in this also? I use tonics—chlorate of potassa and acid muriat. in the early stages; when more advanced, carb. ammoniæ. Soon as the membrane is formed, I use it. In four cases I am positive about its value, as in all of them false membranes were dislodged. I gave four grains every two hours, alternating with emetic doses of sulph. copper. Lime-water will dislodge this membrane. Five or six years ago, it was mentioned in *Braithwaite*. We give it to act on fibrin, and why not on this membrane also, although this is a specific membrane. I have not seen as many cases as some say they have, but I have seen many benefited by the ammon. carb. Anæmia generally appears after six or eight days; use then tr. ferri chlor. In the paralysis following, I use ferri et quiniæ cit., in all cases successful. I have not used strychnia. I think diphtheria can be cured; not in all cases, however.

Dr. Fay. Does Dr. Hartman think, or has he reason to believe, that carb. ammon. will dissolve the false membrane as well as lime-water will?

Dr. Hartman. I have not tried that experiment. I have used inhalations of lime without benefit. Whether the ammonia acts on the membrane, or on the blood, I cannot say. Yet I think it has some positive effect.

Dr. Arnold. I wish to clear myself of the imputation of weakening the confidence of the community in the medical profession. Scepticism is the opposite of dogmatism. In regard to the fatality of the disease: West and Condie say it is "extremely dangerous;" Watson, "highly fatal;" Romberg, "it is no disease; it is death." I am glad, gentlemen, you find it so easy to get over. If a disease is new to us, we must treat it on general principles. Wood considered it inflammatory, and gave calomel; we consider it asthenic, and give tonics. It is a general confession, that we have much to learn. In diphtheria, it is a desideratum to produce a cure. If a few doses of chlorate of potassa have such a remarkable effect, I am glad to hear it. I have used it, but it has not proved so successful. In fifty cases of genuine diphtheria, I am free to confess, I do not believe I have saved two. Mild cases will get well, as will mild cases of all diseases.

Dr. Donaldson. I did not accuse the gentleman of scepticism, but of putting all modes of treatment upon the same basis. In regard to cure—I do not believe we ever cure, nature cures; but we may save life, as when there is asphyxia, by opening the trachea, etc. I did not say we could neutralize the poison, but we may conduct the case to a safe issue by the tonic, or rather the restorative treatment.

Subject continued to the next meeting.

Editorial Department.

Periscope.

Gunshot Wound of The Spinal Cord, and the Ball found in the Ascending Aorta.

This case is communicated by Dr. De Saussure Ford to the *Southern Med. and Surg. Journal*. We give the main facts of the autopsy. The track of the ball passed through the base of the transverse process of the sixth dorsal vertebra, and thence into the body, wounding the spinal cord and its membranes. Passing through the body of the vertebra, it left some spiculæ of bone in contact with the membranes of the spinal cord. In examining the heart, the ball was felt in the ascending aorta. The left ventricle contained an ante-mortem coagulum, extending toward the aorta. The inner surfaces of the ascending aorta and its arch were of an intense, deep, vermilion color, which extended throughout the entire substance of the arterial coats; the same appearance was found in the arteria innominata, but left subclavian and carotids were natural in color. At the base of the left

ventricle, at the junction of the pericardium with the aorta, there was an irregular opening in the external tissues, and in the aorta, corresponding, there was a slit of sufficient length to allow the passage of the ball. It was determined that the ball entered this irregular opening of a circular form, which was in the posterior portion of the ascending aorta, immediately beyond the semilunar valves, corresponding to the point where the ball was found.

As an important feature of the case, Dr. F. notes the remarkable vermilion color of the aorta and arteria innominata, indicating that the ball probably at each contraction of the left ventricle was thrown forward in the ascending aorta, by the advancing column of blood, up toward the arch, and thus proved a continual source of irritation.

The symptoms immediately after the receipt of the shot were instant paralysis and anæsthesia of the inferior extremities, intense suffering, great prostration, considerable hæmorrhage, say twenty ounces during the first six or eight hours, constant pain in the chest, great thirst. Death supervened on the tenth day, apparently from hæmorrhage.

Strychnia in Anæsthesia.

In a communication of the late Prof. Chew, of Baltimore, in the *Richmond Med. Journal*, a case is given illustrating the good effect of strychnia in anæsthesia. Patient was a man 52 years of age, in whom sensibility was entirely abolished in the left foot and lower part of the leg, and much impaired for the distance of three or four inches above the knee. In all other parts of the body it was unaltered. The power of motion appeared to be affected only secondarily, as a consequence of the loss of sensation. The patient could move his toes, and had control over all the muscles of the limb, but not feeling the contact of his foot with the ground, his gait was unsteady, and unless his eye was kept fixed upon the foot which had lost sensation, he was liable to fall down.

The forty-eighth part of a grain of strychnia was given in solution three times a day, and after a week there was a very decided increase of sensibility in the upper part of the limb, and some evidence of a return of feeling in the foot. The dose was now increased to the twenty-fourth part of a grain, and continued for several weeks. The degree of sensibility increased steadily and rapidly, until finally there was no apparent difference between the two limbs.

Secretion of Bile in Cholera.

Although from the earliest autopsies made on cholera victims, it was determined that the liver and gall-bladder were almost always found in a normal state, yet the *idea* that *suppression of bile* formed one of the main morbid phenomena of the disease, was universally in vogue among practitioners, and is yet held by many prominent physicians, as a basis of their therapeutical efforts. Hence all authenticated observations on this point deserve notice.

Dr. Bartholow, of Cincinnati, in his Report to the Board of Health, which embodies his pathological and experimental observations on cholera during the late epidemic, and published in the *Cincinnati Lancet and Observer*, says that the liver was found *unaltered*, except in cases of consecutive fever. The gall-bladder was found to contain bile in the usual quantity, and there was no obstruction to the entrance of it into the intestine; indeed in almost every case bile was found in the small intestine, but unaltered in its physical and chemical characters.

Pilulæ Metalorum et Amarum.

Dr. Humphrey Peake, of Visalia, Cal., gives the following formula for a tonic anti-malarial pill:

℞.	Quiniæ sulphatis,	ʒi.
	Ferri redacti,	ʒss.
	Strychniæ,	
	Acidi arseniosi,	āā gr. iii.
	Confect. rosarum,	
	Vel mucil. acacia, q. s. ut ft. pil. lx.	

On Diseased Conditions of the Knee-Joint,

is the title of the Jacksonian Prize Essay for 1865, by Wm. Paul Swain, now in progress of publication in the *Brit. Med. Journal*. In the discussion of operative interference in knee-joint disease, Dr. S. has interesting remarks on excision. The condition of the patient after excision of the knee is such, that great demands are made upon his reparative powers, and upon his ability to resist the severe suppuration that frequently follows. Freedom from any other exhaustive visceral disease is a *sine qua non* of the operation. It should be a golden rule—one of the few without exceptions—*that tubercle of the lung contra-indicates excision of the knee.* In rheumatic disease of the joint, the condition of the heart must be ascertained; atheromatous deposit in the arteries is a grave objection to the operation. The urine should be tested; as the presence of Bright's disease will materially interfere with the after-progress of the case.

As a rule, recovery from excision is a much longer process than recovery from amputation. It should not be practised on children *under the age of ten years.* For generally, where disease requiring excision is present, the limb has already been much checked in its growth; and if excision be performed on a limb already smaller than its fellow, and growth still further arrested, the result must be, in children under the age of ten, a limb of very little service in after life. Attention is called to an intermediate step between excision and amputation—namely, opening the joint, and examining its condition, before deciding to amputate. There are very few cases of knee-joint disease, except where the constitutional condition of the patient demands amputation, where this plan might not be pursued with advantage. Dr. S. suggests not only to open the joint, but to saw off the articular ends of the bone as well. There can then be no mistake about the diagnosis, and a limb may sometimes be saved, which had previously been condemned to amputation.

Reviews and Book Notices.

A Practical Treatise on the Diseases of the Skin. By J. Moore Néligan, M. D., M. R. I. A., etc. Fifth American, from the Second Revised and Enlarged Dublin Edition. By T. W. Belcher, M. A., M. D., Dub.; B. M., M. A., Oxon.; Fellow, Censor, Examiner in Materia Medica and Medical Jurisprudence, and in Arts, and Hon. Librarian, King and Queen's College of Physicians in Ireland; Physician to the Dublin Dispensary for Skin Diseases, etc., etc. Philadelphia: H. C. Lea. 1866. 12mo., pp. 462. *Price*, $2.25.

Dr. Néligan's work was first issued in 1852. It was a good book then; it has been much improved now, under the revision of Dr. Belcher. We are not ready to make a strict comparison between it and Wilson's; but it is smaller than either of the manuals of the latter authority; and this, for more than one reason, is an advantage in the eyes of many readers and purchasers. It contains a very clear and well digested account of cutaneous affections and their treatment; being especially full and practical in its directions for treatment. The design of it is to meet the wants of the "man of one book" on a subject, while its numerous references and excellent bibliographical index will make it useful also to the student of wider research.

In regard to classification, after giving a history of the different plans proposed, including those of Hardy, Hebra, Buchanan, Tilbury, Fox, and Bennett, the editor of this work adopts a modification of Dr. Néligan's original scheme. Ten orders of cutaneous diseases are named: *Exanthemata*, *Vesiculæ*, *Pustulæ*, *Papulæ*, *Squamæ*, *Hypertrophiæ*, *Hæmorrhagiæ*, *Maculæ*, *Cancroides*, and *Dermatophytæ;* and two supplementary groups, *Syphilides* and *Diseases of the Appendages of the Skin*.

One peculiarity of this arrangement is the naming of one order, *cancroides*. This is a modification of Dr. Néligan's term, *cancrodes*, adopted by him from Dr. Copland. This order is made to include *lupus* and *kelois*. *Morbus Addisonii* is placed in the order *maculæ*, in the genus *ephelis*. On etymological grounds, at least, it ought to have had a genus for itself.

On the question as to the essential or accidental nature of the relation between minute vegetative forms and the diseases of the skin which they attend, this work decides against Wilson, and with almost all other authorities; namely, that the dermatophytes are essential. It follows, that to cure the disease, they must be destroyed. For *porrigo*, (tinea, favus,) the parasiticides he employs, are carbonate of potash, in lotion and ointment, and after it, iodide of lead.

Dr. Belcher has added to this book a very interesting discussion of the nature of the leprosy of the ancient Hebrews. The pathognomonic sign of the worst of the three varieties of this, mentioned in the Old Testament, was "bright whiteness," with scales upon the skin. It was, according to Dr. Belcher, an intense form of psoriasis. The same disease, though seldom of so severe a degree, is yet met with in the East. The present writer saw a woman affected with it in Alexandria, Egypt.

The popularity of Dr. Néligan's work in this country has been shown by its reaching a fifth edition here, while it has, in Dublin, passed only to a second.

A Treatise on the Principles and Practice of Medicine; Designed for the Use of Practitioners and Students of Medicine. By Austin Flint, M. D., Professor of the Principles and Practice of Medicine in the Bellevue Hospital Medical College, and in the Long Island College Hospital; Fellow of the New York Academy of Medicine, etc. Second Edition, Revised and Enlarged. Philadelphia: H. C. Lea. 1867. 8vo., pp. 967. *Price*, $6; *sheep*, $7.

For a large edition of an American medical book to he exhausted in less than six months, is a degree of success which is probably unprecedented. The view taken of the work, after a candid examination of it, which was expressed in our notice of the first edition, was such as to prevent our believing this success to be due to the treatise of Dr. Flint being the most reliable of guides in practice. With, however, so large a constituency of readers as the work has secured, through the previous reputation of its author, we are not disposed to iterate, any more than we can withdraw the criticisms already made.

A hundred pages have been added in this edition. Pertussis, unaccountably omitted before, is now considered; a page or more has been introduced upon temperature in disease; and the section on pyæmia has been re-written, with improvement; mentioning now Prof. Polli's antiseptic treatment, by the sulphites and hyposulphites.

Cholera is dwelt upon more at length than in the first edition, New York having suffered from an epidemic during the interval since its issue. Dr. Dalton's summary of the results of its prevalence, is cited from an official report. An extremely interesting example of the prompt effect of sanitary measures in arresting cholera, is given in the words of Prof. F. H. Hamilton, as it occurred at the workhouse on Blackwell's Island. There, when the disease was at its height, Dr. Hamilton put an entire end to it in five days, by thorough cleansing, ventilation, and disinfection. This incident ought to be historical.

Medical and Surgical Reporter.

S. W. BUTLER, M. D., *Editor and Proprietor.*

PHILADELPHIA, JANUARY 5, 1867.

A "NOTE OF TIME."

The clock strikes twelve! We make note of time by the recurrence of the season when we send forth to the numerous readers of the MEDICAL AND SURGICAL REPORTER our annual and semi-annual greetings in the initial numbers of successive volumes. For the sixteenth time we are called on to do this. Volume fifteenth has just passed along, freighted with such an amount of real, valuable, practical, useful information to the profession, as, we believe, was never before collected in this country, or any country, in the same time and space, and *at so low a price.* If our readers want an evening's work, let them sit down, and count up the articles in the invoice. We have not ventured upon it for lack of time—but we know that there are *five hundred and forty pages* of reading matter, and that it was more than one week's steady work of one person to make the index. We did so far indulge our curiosity as to count the number of original contributors to the volume, and they number OVER ONE HUNDRED! Think of all that for *six month's work!*

Well, the next six months?—Will not be one whit behind—ought to be better—WILL BE, readers, if you do your duty. We are constantly at our post. Call and see us. That's all. With the compliments of the season, VALE.

CORONER'S LAWS.

"Dr. GIBBON is, we learn, a candidate for the Coronorship of the City of London. We need, we hope, hardly enforce upon our brethren the supporting of a medical man for such an office."—*Brit. Med. Journal.*

The old English laws regulating the duties and functions of Coroners, are, with slight modifications, those which are also in force in the various States of the Union. That these laws are inefficient in many instances, at least needlessly cumbrous, in consequence of the many formalities and technicalities which accompany them, has been a matter of frequent complaint. The main objection, however, to Coroner's laws is, that the appointment of Coroner is generally by popular election, and that in the turmoil of political agitation and party strife, not only are non-medical men frequently elected to this office, but men who, aside from their want of medical knowledge, are unfit for the position, and under whose administration of an office, by no means unimportant, "Coroner's inquests," upon which frequently depends the detection and final punishment of crime, become a farce and a bye-word.

That the Coroner should be a medical man is self-evident. He is notified of the death of a person, either sudden, or under circumstances indicating suspicion of foul play; or a person is found dead, without clue to his identity or previous history. The time has passed when our registries of deaths acknowledge a "visitation of Providence," or "an accident," as a legitimate entry into our bills of mortality. The cause of death, proximate and remote, must be determined to satisfy the demands of the law, and how ridiculous to place the enforcement of the latter in the hands of persons who are unacquainted with the natural causes of disease, decay, or the operation of violent influences which lead to sudden death. Coroners, and Coroner's juries, depend upon medical evidence in their verdicts.

No one, however, who possesses any knowledge of the working of our Coroner's laws, will refuse to admit that in many instances, probably in the vast majority of sudden or violent deaths, which come under the cognizance of Coroners, these cumbrous "*inquests*," with the impanelling of juries, and the *formaliter* examination of a few witnesses, who are generally *medical men*, are simply and emphatically a waste of time, and a useless relic of antiquated legal forms. In France and Germany no such process is known. All preliminary examinations, in cases of death, which here are conducted but too frequently by incompetent men, and juries thrown together by hap-hazard, are there inquired into by commissions regularly appointed, which commissions embrace men of the medical and legal professions, so that from the start, all the light which these respective sciences can throw upon a case is available, and a thorough examination is secured.

With these remarks, we will state to our readers, as far as we know, the only exception in the United States to the old Coroner's law, an exception which the medical profession throughout the country will do well to exert their influence to establish as a rule, as it indicates, in our opinion, a real progress.

Among the acts of the Eighty-fifth Legislature of the State of New Jersey, (1861,) is the following "Supplement to an Act entitled, 'An Act respecting Coroners.'"

"2. *And be it enacted.* That it shall be lawful for the Board of Chosen Freeholders of the county of Essex, whenever said Board shall deem it best so to do, to elect at any regular or special meet-

ing of said Board, a County Physician from the number of licensed physicians residing in said county, and to pay him such yearly salary for the services rendered by him, as to said Board shall seem just, to be fixed from time to time, as such elections shall be made, etc. . . .

"3. *And be it enacted*, That it shall be the duty of said County Physician to make all post mortem examinations now required by the Act to which this is a supplement, and generally to perform all medical services contemplated or required by said Act; it shall also be the duty of said County Physician, in all cases of deaths in prison, and all violent, sudden, or casual deaths within his county, to take a view of the body, and make all proper inquiry respecting the cause and manner of the death; and all the duties now required by law to be performed by Coroners or Justices of the Peace, in making such view and inquiry, to ascertain if an inquest should be held, shall hereafter be performed by said County Physician, and not by said Coroners and Justices of the Peace; if upon such view and inquiry, said Physician shall be of opinion that there is cause to suspect that the person whose body he has been called upon to view, came to his or her death by murder or manslaughter, or by the contrivance, aiding, procuring, or misconduct of any person or persons, then it shall be his duty to call upon one of the Coroners of the county, or if such Coroner cannot be had, upon a Justice of the Peace of said county, and request him in writing to issue the precept for the summoning of a jury of inquisition, . . . and to hold an inquest, and make return of the same." . . .

This law has been in force now, in Essex county, New Jersey, with its populous city of Newark, nearly six years, and it has worked well. The main feature of the Act, as the reader has seen, is that it places the matter of Coroner's inquests in the hands of a medical man, who makes all preliminary examinations, and upon their results decides whether an inquest is demanded or not. It facilitates proceedings. There is no longer any necessity of notifying the Coroner, who orders one or more physicians to make a post-mortem examination, and of impanelling a jury in almost every case. In all cases of sudden or casual death, the first person notified is a *medical man* competent to examine fully into the case. If he finds a natural cause of death, he grants a certificate; if there is suspicion of foul play, neglect, etc., he orders an inquest. The law here, for once, acknowledges the claims of Medical Science, in referring *primarily to it* questions which it alone can solve. This exceptional example is worthy of general adoption.

ANÆSTHESIA.

Morton—the inevitable "Wm. T. G."—is still perambulating the country, imposing on the public and the profession by claiming to be the discoverer of the application of the principle of anæsthesia to remove the pain of surgical operations. *He knows* that he got every idea on the subject from the unfortunate Horace Wells, of Hartford, and but for Wells, he—W. T. G. Morton—would have remained as obscure as he has made himself contemptible by his efforts to appropriate to himself honors which belong to another.

The Cincinnati papers contain the outlines of a lecture given by Morton before a class of medical students, in which he seems to have drawn very largely on his imagination in other things besides the assumption that he made the discovery in question. How do our Boston friends like the rôle they are made to play in this fellow's lectures. We presume though, he has got all the "money and influence" he expects to make off of them!

This man seems to have nurtured his one-idea (getting a heavy appropriation from the government)—and his own magnificence, and fancied wrongs, until his brain is turned. Why *will* our profession longer be imposed on by him?

A series of able articles published in our columns three or four years ago, exposing his pretensions are about to be issued, we understand, in book form. This will place the whole matter in its true light.

THE ETIOLOGY OF EPIDEMICS. PRIZE OF $250.

Several weeks since we announced the offer of a Prize of $250 on the above subject, in the following words:

"*To stimulate such inquiry, I hereby offer a prize of* $250 *for the best Essay on the* "Etiology of Epidemics," *which shall be deemed worthy of such reward; the decision to be made by the writer, associated with the three Professors of Theory and Practice in the three Medical Colleges of the city of New York.*

"Essays or monographs on the above subject, in competition for the prize, must be founded on accurately kept meteorological and sanitary records, in connection with equally exact records of the prevalence and specific character of diseases. Data must be supplied of an authentic character, by means of which epidemic seasons may be compared hygrometrically, thermometrically, barometrically, etc., with those which precede and follow them." Essays received till January, 1868.

Inquiries having been addressed to us in regard to the matter, we would state that the prize is offered by Dr. Charles A. Lee, of Peekskill, New York, and that the conditions laid down in the above card cannot be departed from, as it is the desire of Dr. Lee to have some positive addition made to our existing knowledge on the subject of epidemics.

Notes and Comments.

DISAPPOINTMENT. Subscribers to our *Daily Pocket Record*, who are disappointed in not receiving their copies at the date of issuing this number, will have the consolation of knowing that all their feelings of disappointment and the inconvenience they are subjected to are concentrated upon us as a punishment for trusting too much to doing work in haste during the holiday season. We can only hope that when the Lists are received, they will be so well liked that the inconvenience will be forgotten. The work was commenced as soon as it was possible for us to do so, and has been prosecuted with all the energy we could command. A few days more will see the copies ordered all sent out.

Our Contributors.

We give in this number a Lecture by Prof. BARKER, of New York, on Climacteric Menorrhagia, a very interesting and important subject. We expect to give many lectures and papers from some of the best teachers of Philadelphia and New York—but the great bulk of our contributions will be from country practitioners, whose practical observations are valued highly by all our readers.

The late Dr. N. R. Newkirk.

We have received a very neat tribute to the memory of the late Dr. N. R. NEWKIRK, who died recently at Bridgeton, N. J. He graduated at the Medical Department of the University of Pennsylvania in 1844, and began the practice of his profession in Pittsgrove, his native place, and continued it in Greenwich, whither he removed in 1852, and afterwards in Bridgeton, where he took up his residence, within reach both of Pittsgrove and Greenwich, in 1859. He was at once trusted as a physician, and loved as a friend.

He died in the hope of a blessed immortality.

New York State Inebriate Asylum.

A great deal of scandal has been indulged in of late in the newspapers, in regard to the affairs of the New York State Inebriate Asylum, located at Binghamton. The Trustees appointed a special committee to investigate the charges, and at a meeting held at the asylum on the 17th ult., Dr. WILLARD PARKER presiding, received a report, of which the following is a telegraphic summary:

"The special committee, to whom was referred the investigation of the financial affairs of the institution from its organization to September 1st, 1866, reported that there had been expended by the institution $401,635.29; and that the accounts of the Asylum were correct, with the exception of two cents, on which a balance was forced. The Committee appointed July 10th, 1866, to whom was referred the subject of investigating any charges that might be filed in writing with them against any officer of the Asylum, reported through their chairman, that no charges had ever been filed with them, or made to any of the Committee, against any officer of the Asylum."

Clarion Co. (Pa.) Medical Society.

Dr. ISAAC W. MEASE writes us that a medical Society has been organized in Clarion county, in this State, and that several meetings have been held. The Society numbers nearly twenty members.

We are glad to be able to record the satisfactory progress medical organization is making in this State.

Correspondence.

FOREIGN.

LISBON, Portugal, November, 1866.

EDITOR MEDICAL AND SURGICAL REPORTER:

To-day I have spent in the Hôpital de St. José. The average daily number of patients in St. José Hospital is 1550. On the 22d of November, there were entered 34, discharged 22, died 6, cured without being sent to wards 17. The wards are twenty-two in number, large, well ventilated—each ward being named after some patron saint. The ventilation is good, although the hospital itself is built in the most thickly-settled part of the city. A part of the building was erected by the Moors; this part is used for store-rooms, it having been thrown into ruins by the earthquake of 1755. The walls of the main building are composed of irregular masses of stone, held together and covered with plaster, and rise to the height of three stories and a half. With the present number of patients, each patient has about thirteen hundred cubic feet of air.

The number of resident physicians is twenty-three, the visiting physicians are twelve in number. One of the visiting physicians, Prof. ARAUTES PEDROSA, was kind enough to show your correspondent much attention.

The instrument room, museum, and medical library is on the first floor, the operating room is on the third floor. The Medical College of Lisbon, or Medical and Surgical School, as it is called, is situated within the hospital grounds. The lectures in the medical college are now in season. The following is a list of the branches

lectured upon, and the names of the professors in the several branches, which I have translated from the announcement.

Anatomy—Thomaz de Carvalho. Physiology—Rodriques d'Oliveira. Materia Medica—Silva Beirao. Surgical Pathology—Arantes Petrosa. Operations—Rabeiro Vianna. Parturition—Magalhaes Continho. Medical Pathology—Cunba Vianna. Clinical Medicine—May Figueira. Surgical Clinic—Mendez Arnant. Legal Medicine and Hygiene—Pettencourt Pitta. Pathological Anatomy—A. M. Barbosa. Pharmacy—José Tedeschi.

The days and hours of lectures are as follows: Anatomy, Thursdays and Saturdays, 10—12. Physiology, Thursday and Saturday, 9—10. Materia Medica, Friday and Monday, 1—2. Surgical Pathology, Thursday and Friday, 11—1. Operations, Thursday and Saturday, 8—9. Parturition, Monday and Saturday, 11—1. Pathological Medicine, Wednesday and Friday, 11—1. Surgical Pathology, all days, 9—11. Clinical Medicine, all days, 8—9. Surgical Clinic, all days, 9—11. Legal Medicine and Hygiene, Wednesday and Friday, 11—1. Pathological Anatomy, Tuesday and Thursday, 11—1. Pharmacy, Tuesday and Saturday, 11—1.

The students are put in classes. The advanced students are separated from the juniors. The course embraces five years' study of medicine. During the first year, medical students are examined in the grammar of the Portuguese and French languages, Latin grammar, Elementary Mathematics, Principles of Physics, Natural History, Philosophy, rational and moral, History, Geography, and Chronology. Second year, same examination as the first, with addition of Zöology and lectures of Polytechnic school. Third year, same, with Botany. Fourth and fifth years, same as first, second, and third, with practical Pharmacy and frequent surgical clinics. At the close of the fifth year, the final examination is held, and the student receives his degree.

Prof. Barbosa was giving his lecture on Pathological Anatomy at 11 o'clock, A. M., to-day, to fifteen advanced students.

Prof. Barbosa, or some friend of his, had the bad taste to publish in the *Diario de Noticias*, one of the daily secular papers of Lisbon, accounts of his operations. The last case published was one of urethrotomy. Perhaps, however, he is excusable in this, because there is no medical paper published in Lisbon, in which he might record his feats in surgery.

The Botanic Garden belonging to the Medical College is a noticeable feature. It occupies a space of five thousand square feet. The medicinal plants are arranged in beds, according to their natural orders. Every plant is labelled plainly, with its *Latin name;* the common name is not given. All the medical students are required to obtain a practical knowledge of botany in this garden. St. José is the largest and best hospital in Lisbon; there are ten other smaller hospitals.

The Santa Casa da Misericordia, or Holy Foundling Hospital, was visited a few days since. The Portugese consider this foundling hospital one of the most respectable institutions, not only for the end it has in view, but for its excellent management, and for the advantageous results which society in general has obtained from it.

In this building are received, fostered, and educated all those infants whom their mothers abandon to the care of society, and likewise all such as are the victims of crime, vice, or a demoralized nature. Still this abandonment, however unnatural, is perhaps better than infanticide, which it no doubt averts.

The number of foundlings maintained by this institution is 6436 boys, and 6759 girls; these numbers include all those who are placed out under the care of families who become responsible for their welfare, receiving a small stipend, and likewise all those who already earn their own livelihood. The house itself daily maintains two hundred and eighty-four inmates.

Can the facility with which infants are disposed of at such institutions, be the reason why so many restraints are thrown over the women of this capital, and their movements regarded with so much suspicion? Let an unmarried lady walk or ride with an unmarried gentleman in broad day-light in this city, she instantly loses caste in society by so doing.

If the statistics of the hospitals can be relied upon, morality is not much advanced by the existence of foundling hospitals, and by the existence of laws regulating prostitution.

Let Protestant America beware how she introduces foundling hospitals, and enacts laws to arrest the scourge of syphilis.

J. B. Scofield.

DOMESTIC.

A Troublesome Skin Disease.

Editor Medical and Surgical Reporter:

According to promise I send the following extracts from my case-book, with a few remarks:

Mrs. W. B., æt. 28. Lymphatic temperament: fair complexion; general health good; two children.

Dec. 13th, 1865. Whilst attending youngest child, called my attention to her throat. Found it inflamed, with diptheritic exudate, shaded over right tonsil. Gave sulphate of quinia, in tonic doses, and wine. Locally, sol. chlor. potassa, with cold water bandage externally.

14th. Throat better; continued treatment, except bandage. Discontinued visits.

18th. Called in to "see a rash." Found eruption on neck and chest, (*eczema erythematosum* of WILSON.) Throat well; general health as usual. Gave potass. iodid., saline cathartic, alkaline lotion.

18th, P. M. Summoned again in haste. Patient had taken the medicine, and used the lotion, commencing soon after noon; the latter very soothing. At 4, P. M., complained of nausea, and fainted. Three varieties of eczema now visible—erythematosum, œdæmatosum, and papulosum. The second variety most noticeable on the face, which was disfigured, as in erysipelas. Patient reports having suffered from a severe attack of erysipelas seven years ago. The other varieties mentioned visible all over her person, from the scalp to the toes. Papulæ on palate and tonsils; pulse 76; respiration normal.

The treatment consisted in the administration of alkalies, as soda and potassa; tonics, tinct. ferri chlor., syr. ferri iodidi, FABER'S ferrated calisaya, champagne, generous diet; also FOWLER'S sol. of arsenic, with various local applications, alkaline lotions, bandages, water, glycerine, iodide of glycerine, according to the variety of form and stage of the disease, for it went through them all, from erythematosum, ichorosum, etc., etc., to squamosum; "not to put too fine a point on it," she ended by skinning from the crown of the head to the sole of the foot, entirely losing a very fine head of hair. The process occupied six tedious weeks; with a slight access of the disease in the spring, and again this autumn; more amenable to treatment, and lasting but a few days; desquamation not taking place.

My experience inclines me to dissent from WILSON'S maxim of keeping arsenic as a dernier resort, but on the contrary, to have recourse to it at once.

During the progress of the case, I advised with Drs. SAMUEL LYNES, of Norwalk, and W. P. BENNETT, of Danbury. We thought the case interesting, if not unique, so I report it in hope of hearing from some of the correspondents of your widely disseminated journal something new on the vexed and vexing question of skin disease.

FRANK N. H. YOUNG, M. D.

Danbury, Conn., Dec. 22, 1866.

Vivisection.

EDITOR MEDICAL AND SURGICAL REPORTER:

Presuming that the liberality of the REPORTER will admit the expression of views different from those of its editorial columns, I wish to say a few words in regard to Prof. DALTON'S advocacy of *vivisection*, quoted in your last number.

In the first place, vivisection may have two purposes; actual *investigation*, and class *demonstration*. Against the latter especially, before the use of anæsthesia, has the objection been raised, that it is, by its needless cruelty, demoralizing or dehumanizing, to the class if not to the operator. With ether or chloroform, this is not so; but I hold that experiments requiring sensibility and involving torture ought not to be repeated for exhibition to a class.

Experimental physiology of course furnishes a certain amount of evidence, sometimes important. But, in Dr. DALTON'S citation of its results, we may observe that he lays the most stress upon some instances certainly not of *vivisection*. BOYLE'S, PRIESTLEY'S and LAVOISIER'S experiments upon respiration, and those, in regard to digestion, by Dr. BEAUMONT upon ALEXIS ST. MARTIN, were not vivisections; nor should we consider as such the experiments of SIEBOLD and KUCHENMEISTER upon *cysticercus* and *tænia*.

As to the comparative precision and value of its results, it may be remembered that, in reference to the nervous system, if BELL and MAGENDIE seemed to have settled something, BROWN-SÉQUARD has unsettled almost everything. If GALEN and HARVEY advanced the knowledge of the circulation by experiments which confirmed their profound reasoning, vaso-motor physiology has been (I presume to say) thrown back half a century by some of the vivisections and false reasonings of the WEBERS and BERNARD. The time will come when Sir CHARLES BELL will be understood to have been greater, even in his power of philosophic thought than in his experiments; which were by him regarded as of subordinate importance.

It is a striking point in your digest of Prof. DALTON'S advocacy of vivisection and account of its results, that the name of BROWN-SÉQUARD is not mentioned in it. That seems the play, without the character, of Hamlet. If this very distinguished physiologist be not a vivisector, he is nothing. Yet,—it is not quite yet the extreme of audacity to say, that whatever he may have added to positive biological science in fact, he has raised more problems by his experiments than he has ever solved.

I oppose merely an *undue* estimate of the value

of vivisections. Like capital operations in the surgical arena, they captivate the student infinitely more readily than the profoundest or most practical teachings. But they are not worth so much. Their place is one of subordination, not of pre-eminence, in investigation; and yet more so in teaching. Direct observation, without traumatic disturbance to complicate it, and the comparison of function with structure through the whole animal kingdom, have done, and will do, far more for biological science than vivisection can claim, granting the most that ought to be allowed to it.

Henry Hartshorne, M. D.

Philadelphia, Dec. 27th, 1866.

Spotted Fever.

Editor Medical and Surgical Reporter:

In the number of the Reporter of Nov. 17th, appeared a communication over the signature of Dr. T. B. Smith, of Cooperstown, N. Y., in reference to an article from me in the Reporter for Oct. 6th, on spotted fever. I cannot refrain from taking some notice of the above-mentioned communication, inasmuch as it is dictated in a very objectionable temper, and betrays an expression of doubt as to the correctness of my statements.

It is possible that Dr. Smith might have conceived the opinion that spotted fever is an unmanageable disease, or that the want of success in its treatment, on his part, implied the same with all others.

Dr. Smith, however, may belong to that superanuated school of medicine, whose adherents see no other disease but inflammation, nor who know no other remedy but antiphlogistics. But it may be profitable to all concerned, to bear in mind, that the subject now under consideration is nowhere treated successfully by antiphlogistics, no matter how much of an inflammatory aspect the symptoms may present. And furthermore, the united testimony of all writers on this subject are uniform, that very many cases in which the most unequivocal symptoms of fierce inflammatory action were observed, that post-mortem investigations gave not the remotest evidence of such. It must not be forgotten, that the pathological researches of Virchow, Bernard, and others, show that intensely depressed nerve-forces are capable of presenting all the phenomena of inflammatory action in detail.

But Dr. T. B. Smith found much fault, because I gave a plan of treatment, with which we in the West are successful in combatting the disease in question, and expressed the opinion that I had not seen, much less cured, many such cases as his.

I wish Dr. Smith to bear in mind, that to cure a morbid condition is impossible; we rather, by appropriate means, control morbid action, and give the *vis medicatrix naturæ* the arena whereby the damage may be repaired.

But I must most respectfully call Dr. Smith's attention to the saturated tincture of the *green* root of the gelseminum in the treatment of this complaint, and assure him, that if it is used with a bold but skilful hand, all those terrible symptoms that mark disturbance in the cerebro-spinal system in spotted fever, can be most happily controlled. Then comes in the belladonna, whose specific action is upon the cerebral and spinal circulation. In conformity to my idea of the true pathology and etiology of the disease, I use the sulphite of soda to hold in check the septic ferment which is the proximate cause of this grade of typhus fever.

It is with great pleasure, that I assure Dr. Smith, that he is in profound error when he entertains the opinion, that it is "simply absurd" to think of treating successfully such cases as he had with such remedies. From the above remark, I infer that Dr. Smith's mind is absorbed by the idea, that the severe manifestations of disease are to be met with wonderfully severe remedies. But it must be remembered that the pathology of the nervous system, as it is being developed by the microscope and electric appliances throws such new and unlooked for light upon nerve action, as to make the most severe forms of disease or derangement in that system depend upon very simple causes, and equally controllable with simple remedies. I shall, however, give the outline of the clinical history and treatment of one case, which can be taken as a type of four others, all of which recovered under the above treatment, and during one epidemic, and which showed a singular similarity in all the prominent symptoms.

A boy, eleven years old, was awakened from his sleep with great pain in his head, and soon after complained of as severe pain in his neck and dorsal vertebræ, which was rapidly followed by rigidity of the muscles of the neck and back. In one and a half hours from his first awakening, there was developed opisthotonos. His skin was spotted over with well-marked petechial spots, pulse 90, skin hot and pungent, tongue broad and dry, eyes suffused, pupils contracted and quite sensitive to light. Delirium supervened, and the derangement of the nervous system became more and more complete. It was another

clear case of spotted fever in all its most fearful aspects. I saw the boy within two hours after the onset.

Treatment. He was packed forthwith in woollen sheets, wrung out of hot water, in which mustard was plentifully infused. I then poured down him f.ʒss. of the tincture of gelseminum, and repeated it in half an hour, renewing the pack, making it as hot as was prudent, and at the same time, as soon as it could be prepared, f.ʒj. of strong beef-essence was thrown up the rectum. *As soon as the gelseminum began to influence the nervous system, the severe symptoms began to abate*, and thus it was kept up in smaller doses, with the sulphite of soda and the belladonna. The beef-tea enema was still kept in use. The boy recovered in ten days. Another case was similar in nearly every respect, only in this, coma came on after the delirium subsided, but was not profound. But it was most happily controlled by the *mustard-bath pack.*

I could continue giving the history of other cases, but let this suffice; and now I must inform Dr. Smith, that had he criticised my practice as I did his, I should have thanked him in behalf of medical science. However, I trust, that in future he will acquire a conviction, no matter how confused it may be, that outside of Cooperstown, spotted fever is curable at a higher ratio than *one* to nine.

Joseph Adolphus, M. D.

Hastings, Mich., Nov., 1866.

News and Miscellany.

Treatment of Acne.

In acne rosacea and acne simplex, the acis solution of iron—made by dissolving three ounced of epsom salts, and two drachms of sulphate of iron, in half an ounce of dilute sulphuric acid, and a pint of infusion of quasia—given in half ounce doses, is said to be very efficacious. In the tubercular form of acne, Mr. Starlin, in the London Hospital for Skin Diseases, prefers the iodide of iron. In almost all cases, the red lotion—viz., two scruples of the bichloride of mercury, one of the bisulphuret, and ten minims of creosote, in a pint of water—is directed to be used.—*Am. D. Circ., Aug.*, 1864.

—— Bequests to Public Institutions. Miss Sarah P. Pratt late of Boston, bequeathed $10,000 to the Massachusetts General Hospital; $10,000 to the McLean Asylum; $5000 to the Perkins Institution for the Blind, and $10,000 to the Boston Society of Natural History; together with a valuable collection of shells and works on conchology.

A Remarkable Solvent.

It is now discovered, it appears, that if a piece of copper be dissolved in ammonia, a solvent will be obtained, not only for lignine, the most important principle of all woody fibre—such as cotton, flax, paper, etc.—but also for substances derived from the animal kingdom, such as wool and silk. By the solution of any of these an excellent cement and water-proofer is said to be formed; and, what is equally important, if cotton fabrics be saturated with the solution of wool, they will be enabled to take the dyes—such as the lac dye and cochineal hitherto suited to woolen goods only. Hydriodide of ammonia, we may also observe, was long since discovered to be an equally remarkable solvent of the most refractory, or, at least, insoluble mineral substances. Now it is an interesting circumstance that ammonia, according to Van Helmont, and other old chemists and alchemists, was one of the requisite materials in the "formation of the alkahest," or "universal solvent," of the ancient sages.—*Detroit Review.*

—— Perchloride of Iron for Cancer.—At the Medical Congress of Bordeaux, a paper was read by M. Bitot, upon the treatment of cancer. The author considers that perchloride of iron is a specific for cancerous affections; its action being like iodine in cases of scrofula. The perchloride should be employed both internally and externally, in order to affect both the diathesis and the diseased parts.

—— Professor Samuel G. Armor, of the Medical Department of the University of Michigan, and who was for many years connected with the Medical College of Ohio, has accepted the chair of Therapeutics, Materia Medica and General Pathology, in the Long Island College Hospital, Brooklyn. We have only space to add that our Eastern friends must look out for their laurels. With Professor Armor, lecturing is a labor of love, and we predict for him, in his new field, the most brilliant success. The Long Island College has shown most excellent taste in its selection of a Western teacher, and we repeat to the Faculty that they must look out for their laurels.—*Cincinnati Med. Journal.*

—— On a cold night recently, Dr. Whitbeck, of Hudson, N. Y., slipped upon the icy sidewalk, and falling down, dislocated his ankle. He could not get up again, and would probably have lain there all night had not a horse which had got loose from a stable come nosing around where Dr. Whitbeck laid. Seizing the animal by the head he was enabled to raise himself to his feet, and he then managed to get on the horse's back and ride him to his office, without saddle or bridle.

—— A Test for Gilt.—Weber states that a solution of common chloride of copper will not affect articles covered with gold-leaf, but will leave a brown stain on those covered with gold-colored alloys.

—— Food for Plants.—Illienkof, a Russian chemist, recommends the use of 40 parts of ground bones, 40 parts of wood-ashes, and 6 parts of newly-made lime, with water enough to thoroughly mix the whole.

Army and Navy News.

NAVY.

List of changes in the Medical Corps of the U. S. Navy during the week ending Dec. 22, 1866:

Past Assistant Surgeon D. R. Bannan ordered to duty at the Navy Yard, New York.

Assistant Surgeon Robert A. Whedon detached from Naval Hospital, New York, and ordered to Naval Rendezvous, New York.

MARRIED.

Cooney—Reudasil.—December 20th, by the Rev. J. H. Carpenter, Hervey Cooney, M. D., and Mrs. Harriet B. Reudasil, all of Bryan, Ohio.

Goodale—Hobson.—In Saco, Maine, December 4th, Geo. L. Goodale, M. D., of Portland, and Henrietta J., daughter of Joseph Hobson, Esq., of Saco.

Green—Devour,—At the house of the officiating minister, Scotch Grove, Iowa, November 29, by the Rev. James McKean, Dr. Ervin Green, of Madison, and Mary A. Devour, of Scotch Grove.

Harlow—Dudley.—December 12th, by the Rev. J. M. Harlow, J. S. Harlow, M. D. (son of the officiating clergyman), and Miss Sarah Dudley, all of Bath, N. Y.

Lewis—Smith.—December 5, at the residence of the bride's uncle, Dr. E. F. Smith, by Friends' ceremony, Tryon Lewis, of Delaware co., Pa., and Margaretta V. Smith, only daughter of the late Dr. Alfred Smith, of Bucks county.

Massey—Hinman.—December 20th, by the Rev. William F. Moore, Isaac Massey, M. D., and Mary A. Hinman, all of West Chester, Pa.

McKnight—Senseny.—December 19th, by the Rev. Thomas K. Davis, Mr. Wm. McKnight, of Chicago, Ill., and Miss Kate, eldest daughter of Dr. A. H. Senseny, of Chambersburg, Pa.

Sanders—Rice.—On Christmas Eve, 1866, at the St. Nicholas Hotel, Broadway, New York, by Rev. Dr. Adams, Dr. R. T. Sanders, of Philadelphia, and Miss M. E. Rice, of Wilmington, Del.

Seward—Armstrong.—December 26th, in the First Presbyterian Church, Florida, N. Y., by the Rev. Geo. Pierson, Frederick W. Seward, M. D., and Ella R. Armstrong.

Sherwin—Forbush.—In Woodstock, Vt., October, 3d, by Rev. Moses Kidder, O. W. Sherwin, M. D., and Miss Mary J. Forbush, both of Reading, Vt.

Stickney—Stedman.—December 20, at the Church of the Messiah, Boston, Mass., by Rev. M. P. Stickney, J. H. Stickney and Lucy, daughter of the late Dr. C. H. Stedman.

Walker—Drake.—At the residence of the bride's father, near Morrow, Ohio, December 13th, 1866, by Rev. D. Kingery, Dr. John S. Walker, of Goshen, Ohio, and Miss Rebecca Jane Drake, of Warren county, Ohio.

Watson—Grafius.—At Lock Haven, Pa., December 13th, by the Rev. Dr. Watson, assisted by the Rev. Mr. Nesbitt, R. Bellville Watson, M. D., and Miss Emma L., daughter of Abraham Grafius, Esq., all of Lock Haven.

Williamson—Carmichael.—Nov. 4, at Fort Bridger, Utah Territory, by Judge Wm. A. Carter, Dr. J. M. Williamson and Miss S. E. Carmichael.

Woodward—Canfield.—December 27th, 1866, at the residence of the bride's father, Ocean county, N. J., by the Rev. W. R. Carroll, E. Morrison Woodward, of Philadelphia, and Cornelia L., daughter of Dr. G. W. Canfield.

DIED.

Benson.—Departed this life, at her late residence, in Littlestown, Pa., Mary Emily Benson, wife of Dr. Charles W. Benson, in the 27th year of her age.

Berry.—In Andover, Mass., December 15, Dr. Milton Berry, aged 37 years and 6 months.

Fales.—In East Boston, December 15th, Dr. Joseph J. Fales, formerly of Newport, R. I.

Halsey.—In Brooklyn, on Tuesday, December 18th, after a brief illness, Eliza A., wife of Dr. John C. Halsey.

Hodge.—In this city, December 19th, Margaret Elizabeth, wife of Hugh L. Hodge, M. D., and daughter of the late John Aspinwall, Esq., of New York.

Keating.—In this city, December 22d, Eliza, wife of Dr. Wm. V. Keating, and daughter of the late J. J. Borie.

Michener.—December 11th, Dr. Nathan Michener, of South Coventry township, Chester county, Pa., in his 62d year.

Norris.—At 1510 North Twelfth street, Philadelphia, Emily P., wife of Dr. J. C. Norris, and daughter of Rev. Martyn Tupper, of Hardwick, Mass.

Pratt.—In this city, December 21st, J. Howell Pratt, M. D., in the 43d year of his age.

Sheffler.—December 13th, in Rossville, Clinton county, Ind., Mrs. Catharine Ann, daughter of Dr. Wm. J. and R. T. Thompson, and wife of Mr. James Sheffler, aged 39 years, 6 months, and 10 days.

Thompson.—Dec 15th, in Rossville, Clinton county, Ind., suddenly, of hemorrhage from the stomach, Dr. Wm. J. G. Thompson, aged 37 years, 7 months, and 10 days.

Dr. Thompson was a member in good and regular standing in the Presbyterian Church of Frankfort, Ind. He moved to Rossville, Ind., about two months ago. He was attending his sister, Mrs. Sheffler, during her sickness, until Thursday, Dec. 13th, 1866, at 1, P. M., when hemorrhage commenced. Physicians were called in, and used every diligence to arrest the disease, but all in vain. He continued becoming weaker and weaker till Saturday morning, December 15th, at 7, A. M. He leaves a wife and one little girl to mourn his loss.

OBITUARY.

James C. Risley, M. D.

Dr. Risley was the son of James Risley, Judge of Common Pleas, and was born at Woodstown, Salem co., N. J., in June, 1817. In 1834 he began the study of medicine in the office of J. Hunt, M. D. At the age of twenty-one years, in June, 1838, he was licensed by the "Board of Censors of the Medical Society for Western District, N. J." He immediately began the practice of medicine at Port Elizabeth, where he remained until 1842. While there he was united in matrimony to Miss Caroline Compton, a most estimable daughter of a prominent citizen of that place. At the request of his father he returned to his native town to practice, and remained until 1844. During this year he completed a very full college course, and graduated in medicine and surgery at Jefferson Medical College, Philadelphia. His next scene of labor was in Camden county, where he sustained a very extensive practice until 1849, when he went to Columbia, Pa. In 1856 he settled in Muscatine, Iowa, and remained until 1861. Returning then to Pennsylvania, he opened his office in New Brighton. After a residence there of about three years, he returned in 1864 to Woodstown. Though much broken in health, he pursued the practice of his profession until the last summer, when his increasing feebleness compelled him to desist. After lingering for several weeks in extreme suffering, heroically endured, he died peacefully, Nov. 21, 1866.

Dr. Risley was of full size, symmetrical build. He had a clear, sharp eye, a pleasing countenance, and a bearing dignified and commanding, yet easy and natural. He was justly celebrated for his brilliant colloquial powers. When listening to his almost unbroken flow of language and of thought, the hours would pass unnoted away.

In his profession he had few superiors—either as physician or surgeon. Wherever he practiced he immediately won the confidence of the people, and became the leading physician. His mind was one of unusual power. His memory was remarkable for its readiness. He remembered everything; he was a cyclopedia of medical knowledge. To the last he was an earnest and systematic student. It was his intention to become an author. Preparatory to that step he had written a number of valuable lectures, which are now owned by Dr. Warrington, of Salem, N. J.

Not until a few months before his last sickness did he pay any attention to spiritual things. After suffering untold mental anguish for months, he professed faith in Christ a few weeks before his death. His broken hearted but pious widow lives in hope that she shall see him again on the radiant morn of eternal day. X.

METEOROLOGY.

December,	17,	18,	19,	20,	21,*	22,	23,
Wind.....	N. W.	N. W.	S. W.	W.	N. W.	N. E.	S. W.
Weather.....	Cld'y.	Clear.	Clear.	Clear.	Clear.	Clear.	Cl'dy. Rain.
Depth Rain.....							
Thermometer.							
Minimum.....	15°	23°	20°	16°	4°*	15°	23°
At 8 A. M.....	33	33	36	22	7	25	31
At 12 M.....	37	37	43	19	13	35	40
At 3 P. M.....	37	38	44	18	7	36	41
Mean.....	30.50	32.75	35.75	18.75	5.75	27.75	33.75
Barometer.							
At 12 M.....	29.8	30.4	30.2	30.4	30.8	30.4	29.9

* Below zero.

Germantown, Pa. B. J. Leedom.

THE

MEDICAL AND SURGICAL REPORTER.

No. 515.] PHILADELPHIA, JANUARY 12, 1867. [Vol. XVI.—No. 2.

Original Department.

Communications.

Reply to the Strictures of Dr. T. A. Reamy on a paper published in the American Journal of Medical Sciences, April 1866; entitled

"CHLOROFORM AND ERGOT IN OBSTETRIC PRACTICE."

By Chas. C. Hildreth, M. D.,

Of Zanesville, Ohio.

No medical man should object to fair and honest criticism of his papers. By the attrition of mind against mind, like flint against steel, we often strike the intellectual fire which illuminates some dark and hidden mystery of our science. By honest criticism, the ingenious and seductive fallacies of the profession are exposed, and its sterling truths elicited and confirmed. The criticism of Dr. Reamy gives me the opportunity of more fully explaining the rationale of the practice which he condemns. For this, I am thankful.

Probably to harmonize more fully with the points of criticism, the Doctor in the first place takes the unwarrantable liberty of changing the *title* of my paper from "chloroform and ergot in obstetric practice," to "Rupture of the membranes, artificial dilatation of the os, and the use of ergot and chloroform, as a means of shortening tedious labor." He thus places chloroform *last, instead of first*, in point of efficiency as an agent in tedious labor. This doctrine is not advocated in the paper. But to the defence. As to early rupture of the membranes, Dr. Reamy admits it would be well to adopt the practice, in certain cases where over distention really existed; as in cases where the uterine walls were thin and weak from the presence of several children, etc." But says Dr. Reamy, "Dr. H. makes no such distinction. He advises rupture of the membranes simply because there is an undilatable os, accompanied by too feeble or painful contractions." Now to show the fairness of this criticism, and the anxiety of Dr. Reamy to exclude the influence of chloroform in the treatment proposed, I have only to state, that up to the time the sentence was written from which the Doctor quotes, I had not even mentioned the subject of rupturing membranes. I was writing of chloroform alone. The sentence of which the Doctor quotes, a part, reads thus: "But the chief value of chloroform is in tedious, lingering labor, arising from rigid undilatable os uteri, and accompanied by too feeble or excessively painful contractions. Under its influence, the rigid os becomes soft and pliant, the mucous follicles of the uterus and vagina pour out their secretions in abundance; and labor progresses rapidly." Now says Doctor Reamy, "if these results follow the administration of chloroform, rupturing the membranes must be simply to remove feeble or painful contractions, for it would certainly be meddlesome midwifery, to interpose mechanical interference, in a case when the therapeutic results are so grand." In reply to this stricture I will observe, that it will take something more than the Doctor's sarcastic allusion to the "grand results" to convince intelligent medical men that the virtues of chloroform have not been honestly and correctly stated as applied to such cases. As to his "mechanical interference" with the labor by rupture of the membranes, I will reply, that what is lost in the dilating power of the bag of waters, is more than gained by the increased energy and efficiency of the uterine contractions, so that the duration of labor, is much diminished by the practice. After quoting a few sentences from my article on the use of ergot, the Doctor says, "This reduces rupture of the membranes therefore, to removal of painful contractions," and goes on to say, "I know of no process of interference which could with greater certainty produce painful contractions." Now it so happens that I have never advised rupture of the membranes to remove painful contractions. This, I proposed to effect by the use of chloroform, which the Doctor so studiously keeps in the background. It is true however, that the discharge of the waters will modify the character of the pains. The inefficient, but excessively painful contractions, which so annoy and exhaust women in a tedious labor, with rigid os uteri, are more effectually controlled by chloroform, and the discharge of the waters, than by any other practice. Through the happy in-

fluence of these two agents, the pains soon become slower, more regular, more expulsive, and efficient. Dr. R. quotes again as follows: "In lingering labor from any cause, I am well convinced the rate of mortality to mother and child, will be much diminished by the use of chloroform; early rupture of the membranes, artificial dilatation of the os when required, and by the use of ergot or other uterine stimulant when the pains are inefficient." "No distinction" says the Doctor, "is made here between lingering in the first or second stages of labor." Certainly not, simply because no distinction is required. The practice is recommended for rigid os uteri in the first stage, or that of dilatation. If we have lingering in the second stage, or after the os uteri is fully opened, most medical men would think the practitioner an ignoramus, if he did not rupture the membranes, and also give ergot, if found necessary to arouse the requisite uterine action.

Now, says Doctor R., "It is conceded by all good authors that very little danger either to mother or child attends a tedious first stage." This doctrine in my opinion is untenable; nor do I believe any good author will sanction it, except in cases of natural labor. Suppose the sole difficulty in any case arose from extreme rigidity of of the os. Suppose the patient has been in hard labor for three or four days, or a week, and no progress made in dilatation; as no danger to mother nor child is to be apprehended, according to Doctor R., it would be meddlesome to interfere. "The first stage of labor," says Doctor R., "may continue almost indefinitely, so far as the safety of the child is concerned." This doctrine again is entirely untenable, for the simple reason, that the mother's vitality may be so far exhausted by a tedious first stage, that the child may be lost for the want of expulsive power in the second. Authorities teach us that the mortality of the puerperal state is in close relation to the *duration* of labor. Pain, whether in the first or second stages of labor is exhausting to the vital energies. Men and women have been known to faint and die of pain. The idea that but little danger can attend a tedious first stage, or that the first stage can be protracted indefinitely, with safety to either mother or child, is simply absurd, and will prove most disastrous in practice. In the language of the paper, "there is a point of endurance of suffering, beyond which nature will succumb, unless relieved." Referring to the first stage of labor, Dr. R. says, but "rupture, and discharge the waters, and we endanger the life of the child, not only by direct pressure of the uterine walls upon it, but by continuing that pressure during the first and second stages both." The Doctor's objection would amount to something if the pressure he so much fears, was continuous, as that induced by a large dose of ergot. But the pains of natural labor are intermittent, and not continuous, and are besides so completely under the control of chloroform, that if desired, they can for a time be entirely suspended.

Now, if the Doctor had been inclined to treat me fairly, why could he not have said that the rupture of membranes, etc., was advised with the patient well under chloroform, which if properly administered could hardly fail to obviate all danger of excessive uterine action, and of course, all danger to the life of the child from that cause? Again says the Doctor, the practice is very objectionable in cases requiring the operation of turning. "By reducing the space between the mother and child, rendering the uterine contractions more vigorous," we render the operation "not only difficult to the accoucheur, but eminently dangerous to mother and child." The operation of turning is seldom required, except in shoulder presentations, certain malpositions of the head, in cases of ruptured uterus and in puerperal convulsions. In modern times it is almost invariably done under chloroform, which again obviates the too rigorous contractions, and very much facilitates the operation. In presentations of the arm, the membranes will be ruptured very early by the presenting part; in other cases, by early rupture, we gain an exact knowledge of the presenting part, and thus acquire a decided advantage in the management. In the April number of the *American Journal of Medical Sciences*, for 1866, I published a paper commending the position on the knees and breast, in all cases of version, whether podalic or cephalic. As the practice has been tested and commended both in Europe and America since the publication of that article, I am inclined to believe the suggestion a valuable one, in all cases requiring version. The patient on the knees and breast, and well under chloroform, the operation of turning will be found comparatively easy. This position will also in a great measure prevent all further loss of liquor amnii, when it is important to retain it.

The next objection is, that the early rupture of membranes, and discharge of waters, renders the proper management of the cord when prolapsed, almost impossible. "Such a procedure (says the Doctor), would in a case where the funis is prolapsed, cause the death of the child from compression of the cord, in most cases before that accident could be detected, much less

remedied." The value of this objection may be inferred from the fact, that we have prolapse of the funis once in perhaps 500 cases, and that *then*, the case is usually easily managed, in the position on the knees and breast. But the most amusing part of this objection is, that the child in most cases would die "before the presentation *could be detected*, much less remedied." That is to say, the practitioner who ruptures the membranes, could not possibly tell funis from foot when the "bag is open," until too late to save the child.

The next objection reads thus: "But to get rid of one of the chief difficulties that would almost inevitably follow, not as a coincidence, but, in my humble opinion, as a consequence of rupturing and evacuating, Dr. H. advises artificial dilatation of the os uteri with the *lubricated finger*, as a safe and much more efficient instrument than the bag of waters." To what difficulties the Doctor refers I know not, for I have found none in the practice, but I do see a difficulty in reconciling with honest criticism his misquotations, and evident attempt to pervert my meaning. Now one would suppose, from reading that sentence, that I had advised rupturing membranes, and evacuating waters, and forcible dilatation in all cases of labor, and that too without the use of chloroform, whereas I have distinctly stated, that in natural labor I would advise no interference; but in cases of tedious, lingering labor, with rigid undilatable os uteri, and accompanied by too feeble or excessively painful contractions, I would first place the patient well under chloroform, then rupture the membranes, and then, if found necessary, artificially dilate. The sentence which the Doctor misquotes, reads thus: "The patient under chloroform, and the waters discharged, if the os uteri does not dilate easily, I have found the occiput of the child, and the well lubricated fingers of the accoucheur, as safe, and much more efficient dilating instruments than the bag of waters." I did not say, as he would wish to make me, that a single finger of the accoucheur was a better dilating instrument than the bag of waters; but I did say, that in the case to which I refer, I had found the occiput of the child, (which I name first as an agent,) and the well lubricated fingers of the accoucheur carefully applied, as safe and much more efficient dilating instruments, (not instrument, as he has quoted me,) than the bag of waters. In my humble opinion, a very different statement. Now it is very singular that the Doctor has not a word to say about the modifying influence which chloroform could not fail to have, over the practice to which he objects. Although I have assigned it the most prominent place in the treatment, yet he studiously avoids the subject. But to proceed. Referring to artificial dilatation, the Doctor says: "Consider the tender and sensitive structure to be dilated, compare the lubricated finger, (singular number again,) with the soft and conical bag of waters." Very well; but suppose your soft and conical bag of waters, even with the relaxing influence of chloroform superadded, is doing no good in a case of rigid os, what then? Would you sit still, and let the woman suffer hour after hour, and day after day, or would you interfere, and that effectually? Then, says the Doctor, "consider the direction of the force applied, the finger, (singular number again,) drilling its way from without inward, the bag of waters gently wedging its way by imperceptible degrees, from within outward; the head of the child following it up as it prepares the way." "It seems to me," says the Doctor, "the mere tyro in mechanics, without any knowledge whatever of muscular physiology, would settle such a question, and would condemn the artificial dilatation, except as a stern necessity." Just so; we did not advise the practice in natural labor, but to our sorrow, have often found a rigid os uteri, when undilatable, just that case of "stern necessity."

But to return to the first part of the sentence. "The finger drilling its way from without inward," is no doubt a very beautiful simile, but we cannot see the application to the case. In our ignorance we had supposed a drill was a perforating, and not a dilating instrument. How the antagonistic pressure of two or more fingers, or the circular sweep of the same within the inner circumference of the os can be compared to drilling, we must confess ourselves too much of a "tyro in mechanics" to understand. Perhaps, however, to give point to his drill, the Doctor misquotes me in using the term finger instead of fingers, as in the text, and omits all dilating agency by the occiput of the child. But to proceed. In order to utterly demolish my position and practice, the Doctor next calls in as witnesses, Professors CAZEAUX and HODGE, CHURCHILL and TYLER SMITH, to prove that early rupture of membranes is bad practice. As I had already admitted, in as plain terms as I knew how to use, that such is the teaching of the books, it strikes me forcibly that here, at least, has been "a great waste of ammunition." The sentence in my essay, to which I allude, reads thus: "Obstetrical authorities advise us in nearly all cases, to leave the membranes intact, until the os uteri is fully dilated." The authors quoted with so much satisfaction by the Doctor, no doubt refer to gen-

eral principles, and natural labors. But what have these learned gentlemen to say about rupturing membranes, and artificial dilatation when required, in cases of rigid os uteri, with the patient thoroughly under the influence of chloroform? Probably not a word.

Omitting, as usual, all reference to the modifying influence of chloroform over the practice, we have again the "play of Hamlet, with the part of Hamlet left out by particular request." But the defense will now claim the privilege of cross-examining the learned witnesses the Doctor has brought into court. We will ask the Professors named above: Cannot the os uteri, and all other circular muscular fibres, be much more safely, and easily, and quickly dilated, with the patient fully under the influence of chloroform, than without it? Cannot this, too, be done with much less risk of rupture of mucous membrane or muscular fibre, with chloroform, than without it? We would ask, Is it not in accordance with physiological law, that all hollow muscular organs or tissues contract but feebly when distended to their full capacity? (take for instance the bladder, the uterus, the colon, rectum, the sphincter muscles, etc.) We would further ask: Is not the removal of part of the contents of any distended organ usually followed by increased muscular power in that organ? Is not such removal a very valuable stimulus to increased muscular effort? We would further ask: Is there any better agent known to the profession to allay excessive muscular contraction, or excessive uterine pain, than chloroform by inhalation? These questions answered in the affirmative, (as they certainly would be by any sensible professor of obstetrics,) where lies the objection to a practice in accordance with the above laws and principles? But, says Dr. R., "I have tried the practice in three or four instances. In no case has it done well. The labors were rendered more tedious, and in one case the child lost, from the second stage of labor being complicated with the first." At this I am not at all surprised, when I consider the Doctor's favorite method of giving chloroform by the stomach. Had he kept his patient well under the influence of chloroform by *inhalation*, there would have been no danger of the second stage of labor being complicated with the first. In rigid, undilatable os uteri, chloroform should be given for effect, and not as a placebo. It should be given as in a case of strangulated hernia, or a dislocated shoulder, to the extent of inducing relaxation of all resisting muscular fibres or tissues. Given in this way, the accoucheur, instead of being annoyed by excessive uterine action, will often be compelled to give ergot, to induce the requisite amount of pain. But, says Dr. R., "we have tried the practice, and condemn it;" 1st. "Because it is unnatural," (and so let me add, is the labor, in which we advise the practice;) "substituting artificial for natural and efficient forces;" (not efficient, if you please, or no interference would be required.) "Making labor a pathological instead of a physiological phenomenon." Just so; a rigid os uteri is, usually, in a pathological and not a physiological condition, generally the result of previous inflammation, ulceration, leucorrhœa, abortion, etc., etc.

2d. Says Dr. R., "It is meddlesome and officious interference." To which we reply, in the language of the essay: If "meddlesome midwifery is bad" in perfectly natural labor, the "trust to nature" practice is much worse in cases requiring obstetrical assistance. The statistics of lying-in hospitals show a fearful rate of mortality, to both mother and child, when the duration of labor exceeds, by a certain number of hours, the natural period.

3d. Says the Doctor, "It endangers the life of the child by inordinate and early compression of the cord, placenta, and child, and by rendering proper management of a prolapsed cord difficult, if not impossible." Not so with the patient well under chloroform, and in the proper position.

4th. Says the Doctor, "It endangers the life of the mother and child, by rendering corrections of slight malpositions more difficult, and turning, when demanded, next to impossible, in many cases." Not so. Malpositions are more readily discovered, and turning easily accomplished under chloroform, and in the position on the knees and breast.

5. "It injures the mother by the inflammation that may be induced of the cervix and other tissues." Now, if the Doctor has such a horror of inflammation from the use of "well lubricated fingers, carefully applied," what has he to say to Marion Sims' practice of amputating the entire cervix for procidentia, or cutting the entire length of the cervix for dysmenorrhœa or sterility? What to say of Baker Brown's practice of incising the cervix for fibroid tumor and menorrhagia? What has he to say to the use of caustics, of sponges, and sea-tangle tents, retaining foul secretions and producing infecting ulcers? What, to metallic dilators, and the force with which they are used? What has he to say to cutting the cervix with a knife, during labor, in cases of cartilaginous hardness and rigidity, when all other means fail to dilate? As all these gentle measures have been advised, in certain cases,

by the highest obstetrical authorities, I would inquire how they compare, in point of mildness and safety, with the "well-lubricated fingers carefully applied" to a rigid os uteri?

But why does not the Doctor "practice what he preaches." In the very first case reported in his essay, (a case of abortion,) he informs us that he dilated the os uteri with the finger. As abortions give rise to more uterine disease than labors at term, a very dangerous practice, according to his teaching.

Whatever the books may say on this subject, it will not be difficult to prove, that it is the custom of the most skilful accoucheurs, to dilate with "well-lubricated fingers," all cases of rigid os uteri, when other means fail, and the urgency of the case demands it. The hydrostatic bag or Barnes' elastic dilators are no doubt better instruments than well-lubricated fingers, but unfortunately, they cannot be employed, except the uterus is at rest. During active labor, they cannot be retained in position, and hence are useless. The Doctor, having now disposed of my paper, next proceeds to detail the *proper practice* in lingering labor.

"In tedious labor," says Dr. R, "the best practice is to give a full dose of opium or morphia, or chloroform by the mouth, or bleed freely, or use all of these means, as the case may require. After a few hours' sleep, the pains go on naturally, and labor progresses favorably. Should this result not be attained, however, I would separate the membranes to as great an extent as possible."

Now, let us examine this practice, and compare its efficiency with that which the Doctor so heartily condemns. In the first place opium will not, in many cases, arrest uterine action when once actively excited. This fact we have all learned to our sorrow, when we wished to suspend all pain in cases requiring manual or instrumental interference. Nor will opium induce sleep in such cases. I should expect still less influence from chloroform taken into the stomach. In a case of rigid os uteri, chloroform, to induce relaxation of muscular fibre to the requisite degree, must be given to full anæsthesia. The dose by the stomach, to induce this state, would probably be poisonous and fatal. That chloroform, when taken into the stomach, or injected into the rectum, or under the skin, will have *some* anæsthetic or relaxing effect, I have no doubt, and the same may be said of alcohol. But the question is, will the *degree of relaxation, from chloroform, be sufficient for our purposes,* if administered by any other method than by inhalation, and at the same time as safe as that method? We think not. We should expect about as much influence from chloroform by the stomach, in rigid os, as a surgeon would expect from the same method of administration, in a case of strangulated hernia, and no more. Chloroform by the stomach is much more apt to act as an emetic than when inhaled, and may also produce gastric irritation and inflammation. As the method by inhalation has decidedly the advantage, in point of efficiency; as the degree of anæsthesia can thus be regulated with greater ease; thus placing it more under the control of the physician, I cannot see the advantage of giving it by the stomach in obstetric practice.

Next in order comes the "free bleeding" to relax the rigid os. When we consider the disastrous effect of large losses of blood upon the future health of the woman, and when we know that we gain nothing by the practice, which chloroform will not accomplish, it will not take the profession long to decide in favor of chloroform by inhalation. I will admit, occasionally, a case of plethora, with a tendency to convulsions, in which bleeding should certainly be practised. This is the exception, not the rule.

"After a few hours' sleep," says the Doctor, "the pains go on naturally, and labor progresses favorably." But suppose opium and chloroform by the mouth do not induce sleep, nor suspend the pains, can the doctor tell us of any quicker or better method of attaining these results, than by the *inhalation* of chloroform?

By this method, we not only put the patient *to sleep at will*, but we relax muscular rigidity; we relieve shock to the nervous system, and in every way rest and refresh the patient. But if opium and chloroform by the stomach, and bleeding fail to relax, what then? "Why then," says the Doctor, "I would *separate* the membranes to as great an extent as possible."

This practice of separating the membranes from the cervix is advised by Dr. Inglis, in the *Edinburgh Journal*, July, 1865. "And," says Dr. R., "is a very valuable means of promoting dilation, and of increasing the efficiency of pains in tedious labors." I have never read Dr. Inglis's paper on this subject, but must confess an utter want of faith, both in the theory and the practice. And for the simple reason, that not in one case in fifty will any adhesion be found to exist between the membranes and cervix at the full term of gestation. The membranes, although originally secreted by the uterus, are distinctly an appendage of the placenta, to which they are firmly attached. They float loosely in the uterine

cavity. In the earliest months, their attachment to the uterus is very slight. This becomes less and less, as gestation proceeds, until at term (as a general law) no attachment will be found, at least to the cervix, and but very little elsewhere.

The uterus is lined by a mucous membrane; the bag of waters is more like a serous membrane Mucous and serous membranes are not disposed to unite, except from disease. The membranes containing the liquor amnii do not even touch the whole canal of the cervix until near the completion of the gestation. How then can union take place between the parts. The attachment of the placenta to the uterine walls is usually very slight, (no bloodvessels or nerves being found in the bond of union,) and yet this attachment is strongly marked, compared with that between the uterus and membranes, even in the earliest months.

But admitting (for the sake of argument) the existence of such an attachment, how could the presence of so elastic a body as the bag of waters prevent dilatation, or how could its separation from the cervix promote that object? In no way that I can conceive, except by allowing more freedom of motion, and thus perhaps admitting the bag a little more fully into the cervix; a very small advantage certainly, in a case of rigid os uteri. And yet this is the Doctor's strong point, his last resort in a case of tedious labor.

For, says the Doctor, "should this result (that is the dilatation) not be attained, I would separate the membranes to as great an extent as possible." He should have added, when any adhesions are found to separate. Personally, I must confess an entire want of faith in the practice. During the last thirty-three years I have had my fingers within the cervix in some thousands of cases, and have got to find the first case of adhesion that could in the slightest degree interfere with the progress of labor; except in cases of placenta prævia. The more I reflect upon the practice advocated by the paper, which Doctor R. handles so roughly, the better am I satisfied with its safety and efficiency. The practice is in accordance with physiological law. It is founded upon the fact, that any circular muscle, can be much more safely, and easily, and quickly, dilated under full anæsthesia by chloroform, than without it. That rupture of membranes and discharge of waters, adds very much to the efficiency of uterine contractions. That excessive uterine action is more under the control of chloroform than any other agent. That chloroform and ergot are antagonistic powers. That by the skillful use of these two agents, we can regulate in a marked degree, the force and frequency of uterine action. The practice is correct, and will be followed by better men, when the parties to this contest are dead and forgotten.

GLYCERINE.

By Joseph Adolphus, M. D.,

Of Hastings, Mich.

In writing this article, I am aware that but few are ready to receive the facts herein stated, inasmuch as glycerine has merely been regarded as a matter of but secondary import. It must not be considered out of place when I observe, that glycerine stands next to cod oil as a restorative agent, *especially in the cases of children's complaints. What cod oil is to the adult, glycerine is to children;* at least, in a great measure. The clinical facts below recorded are from my own practice. I am altogether strongly inclined to the restorative doctrine, because I have reaped the richest harvest of curative success for practicing it. Furthermore, I am not a firm believer in the doctrine, that the blood is the chief and only source of nutrition, repair, and reconstruction. However, I shall not digress further from my subject, but shall, at some future period, disclose my views on the latter subject.

Though glycerine has been before the profession for many years, I am not aware that that attention has been paid to this important remedial agent that its merits deserve.

Its excipient properties excel all other known solvents, because of its universality. Thus 100 parts of glycerine will dissolve

Acidum arsenicum,	20.0
" arseniosum,	20.0
" boracic,	10.0
" benzoic,	10.0
" tartaric,	30.0
" citric,	30.0
" tannic,	50.0
" oxalic,	15.0
Argentum nitrat.,	100.0
Bromine,	100.0
Iodide of iron,	100.0
Chloride of iron,	100.0
Monosulph. potass.,	100.0
Hydrarg. biniodide,	0.3
" bi-chlor.,	7.0
" cyanid.,	27.0
Iodine,	1.0
Iodide sulph.,	1.6
" potass.,	25.0
" zinc,	50.0
Cyanide potass.,	32.0
Quinia,	0.5
Strychnia,	0.25
Morphia,	0.45
Veratria,	1.0
Cinchonia,	1.5
Sulph. quinia,	2.75

Atropia,	3.0
Nitrate strychnia,	4.0
Brucia,	2.25
Alum,	40.0
Arsenite soda,	50.0
" potass.,	50.0
Carb. soda,	99.0
Carb. ammon.,	20.0
Chlor. potass.,	3.5
Chloride sodium,	20.0
" barium,	10.0
" zinc,	50.0
Borate soda,	60.0
Phosphorus,	0.3
Persulphuret potass.,	25.0
Muriate ammon.,	20.0
Sulphur,	0.3
Sulphate iron,	25.0
" zinc,	36.0
" copper,	40.0
Mono-sulphuret soda,	100.0
" " lime,	100.0
Muriate morphia,	20.0
Acetate "	20.0
Sulphate "	20.0
Sulph. atropia,	33.0
" strychnia,	22.5
Carb. of iron,	60.5
Oxide of lead,	20.0
Salicine,	40.0
Santonine	35.0

All the deliquescent salts and vegetable acids are soluble in it to a great extent.

Chemically, glycerine is a compound of a radical known as *glycerole*, having a formula of $C_6 H_7$, in union with five eqs. of O, and one of water; its formula is, therefore, $C_6 H_7 O_5 + HO$.

When pure, its specific gravity is 1.26, and contains 98 per cent. of anhydrous glycerine. When exposed to the air, it absorbs one-half of its weight in water. It never absorbs oxygen, hence it never becomes rancid, when originally pure. It is not soluble in fatty acids.

When perfectly pure, glycerine is of a thick syrupy consistence, very nearly colorless, and without odor, and of a sharp sweet taste. Alone, it is not susceptible of fermentation. It is soluble in all proportions in water and alcohol, but not in ether or chloroform. Pure glycerine evinces no reaction with litmus or other test-agents.

It is perfectly neutral and bland, and has the capacity of diffusing itself freely over and through organic matter, incorporating itself between organic molecules, by which it is absorbed and appropriated. All organic substances, from the hardest bone to the finest connective tissue, are penetrated by it, with such diffusive force as to make their minute structure astonishingly transparent. The blood and pus globules, when suspended in glycerine, become quite transparent, and show up their nuclei readily, their cell-walls becoming more thin and transparent, and finally dissolved. Epithelial structure is admirably delineated by its agency; so are the fasciculi of striped muscular fibre. Thin sections of bone, soaked in it, reveal in admirable style its corpuscles. All organic substances, soaked in glycerine, are thoroughly preserved, both as to form, integrity, and softness.

Applied externally to burned surfaces, mixed with subnit. bismuth, it forms the very best application I have ever used for children or adults. One part starch (Bermuda arrowroot is best) and five of glycerine, heated up to 190° F., being constantly stirred, makes the most agreeable basis by which to apply nit. silver and other salts to the eye, ear, and skin. When spread over dried organic membrane, it diffuses itself rapidly over it, and is speedily absorbed into its intimate structure. This property of glycerine depends doubtless on the affinity that it possesses for organic molecules, penetrating to them and becoming a nutrient plasma to living tissue. When applied to false membranes, it diffuses itself between them and the morphological tissue beneath, causing their speedy detachment.

Thus in diphtheria, I have repeatedly applied it with a brush, either alone or with tannin dissolved in it, to the false membranes, which would be detached in a few hours. So also in croup. The surfaces being so modified as, in a great measure to cease to reproduce them. Burnt and blistered surfaces often produce false membranes, which induce severe constitutional spmptoms, in consequence of the irritability of the surfaces. Glycerine and morphia speedily remedy them, soothing the nervous irritation, and modifying the vital condition of the parts. Applied to suppurating surfaces which are painful and produce an ichorous pus, glycerine-dressings change the abnormal condition by arresting the degenerating process through its antiseptic and astringent properties. Applied to enlarged glands, and injected into abscesses, it meets every indication, either alone, or with iodine, etc., dissolved in it. I have injected it into syphilitic buboes, bringing about a healthy state of their walls, and healing of their interior. I have used it as an application to the os uteri in ulcerations, indurations, and chronic inflammations of that organ, conjoined with iodine, or iod. potass., or morphia acet., or tannin, just as appearances seemed to require, with most excellent effects. Applied to enlarged cervical glands in scrofulous children, with iodine, it dissipates them far more speedily than when the iodine is otherwise applied. Malignant ulcerations, touched with the following caus-

tic, are better remedied than when otherwise treated.

℞ Iodine,
Iod. potass., āā ℥ss
Glycerine, f.℥viij. M.

When diluted with a larger portion of glycerine, and applied to carbuncles, buboes, and furuncles, in their formative stages, it will dissipate them altogether or modify them. Painted over abscesses of different types, it either causes the absorption of their contents, or checks in a measure their progress. Injected into the rectum in diarrhœa and dysentery, diluted with starch, it soothes the irritated mucous membrane in a remarkable manner, and will often alone bring about a cure.

But it is its internal usefulness in the treatment of children's diseases of low, cachectic, strumous, asthenic conditions, that glycerine displays its great superiority. I have repeatedly witnessed its capacity to fatten children. Thus: 1st. An infant, six months old, recovering from a severe diarrhœa, kept quite emaciated and pale. Glycerine was ordered for it, and in a few days a change was remarked in its appearance for the better, and in four weeks it weighed eight pounds heavier. 2. A child, sixteen months old, had its head covered with one continuous scab—porrigo. This was a family-complaint, and resisted all manner of treatment for a very long time, in all the other children. In the above case, I resorted to glycerine, both internally and externally. A cure was effected in three months. 3. A girl, seven years old, recovering from rubeola, retained her cough, emaciation, and nervous irritability. Dulness over apex of left lung; roughened breathing. No doubt, the case was chronic pneumonia. Glycerine, as a last resort, was ordered in teaspoonful doses in water, three times a day. Recovery in six weeks. 4. A strumous boy, much emaciated, had hacking cough and night-sweats. Pulse frequent. Sleep disturbed. Abdomen tumid and enlarged. Cervical glands swollen. Bowels irregular. Fecal discharges clay-colored. His case was such, that no one expected any more than a partial palliation. After other treatments had failed, I ordered glycerine in teaspoonful doses, in which was dissolved four grains of ferri ammon. cit., and one-half a grain of quinia, four times a day. This he continued for a year, and was in remarkably good health three years after. Cod oil, quinia, and iron, had failed in his case when the glycerine was commenced.

I always administer glycerine to children convalescing from typhus and typhoid fever, and find it contribute so remarkably to their recovery and restoration, as to be observed by the non-professional. In cholera infantum, I hardly ever fail to use glycerine, both as enemas and per orem. The great mortality of this complaint, makes it well worth the attention of medical men, to any form of treatment that will tend to rob it of its fatality. The peculiar condition of the epithelium of the bowels, the great inanition and prostration, the nervous depression and exhaustion; all depending on the pathological condition of the mucous membrane of the small intestines, engendering an erythematous condition of the epithelial surface, and often resulting in shock to the nervous centers; and hurrying on death at an early period. Glycerine from its affinity for molecular tissue, spreads over the surface of the intestinal membrane, supplies the deranged tissues with a plasmatic element of repair, as well as by its mechanical and endosmotic powers, on living tissue, changes the local life forces, and endows them with renewed vital capacity. This is not fancy. Observe its action on the inflamed skin, and we shall soon be satisfied of the justice of the above remarks. Glycerine rubbed on the abdomen also gives it to the exhausted tissues in another manner. All I ask is its trial in infantile diarrhœas, with judgment.

It forms an excellent adjunct to cod oil, in proportions of equal quantities. Quinia dissolved in it seems to act more rapidly, kindly, and with greater certainty, often entirely overcoming idiosyncracies. Thus an infant on whom quinia exercised a very severe effect, could take it dissolved in glycerine with perfect safety. It adds to the efficacy of iron. Thus a boy twelve years old had made a bad recovery from a bilious remittent fever. He was pale and feeble, nervous system irritable; anorexia was a marked symptom. Iron, cod oil, and tonics failed on him. He was then put upon glycerine f. ℥j. and tr. ferri. chlor. gtt. viij, three times a day. His recovery was rapid and permanent.

A girl, æt 14, was treated for irritative dyspepsia for nine months, without any material improvement, when glycerine was ordered in teaspoonful doses, four times a day, with excellent results, and a final cure. Many grown people are greatly benefitted by uniting cod oil and glycerine in equal porportions, and I have always found that children do better always, while taking cod oil, to have some proportion of glycerine added to it.

Furthermore, I cannot close, without observing that old and irritable ulcers, are most excellently treated with glycerine holding acetate of morphia

in solution. That burnt surfaces are relieved of pain in proportion as the glycerine penetrates to the sound tissue beneath. When stumps suppurate, and the pus burrows into the sound tissue, pure glycerine arrests the process, and brings on a healthier condition of the parts. In a case of psoas abscess, glycerine diluted with its bulk of water was injected into it twice a day, and was gradually made stronger, till a cure was effected.

Glycerine is well worthy of our attention. I prefer BROWN'S glycerine.

BIOGRAPHICAL SKETCHES OF

Distinguished Living New York Physicians.

By SAMUEL W. FRANCIS, A. M., M. D.,

(Fellow of the New York Academy of Medicine.)

XII.

John Charles Beales, M. D.

"Taught by the art divine, the sage physician
Eludes the urn; and chains, or exiles death"—*Prior.*

Dr. BEALES, the son of JOHN BEALES, of Great Britain, who married SARAH WALLER, was born in the County of Norfolk, England, in the year 1804. Though the family consisted of sons and daughters, he alone survives; his brothers and sisters having died some time since.

He first attended a preliminary course of studies at the Collegiate School of St. Albins; and made marked progress in the Classics under the instructive guidance of private tutors selected with a view to excellence. His mind was much benefitted by a systematic application of time while in Hertfordshire, England. When he became better able to cope with science and its subordinate branches, he was legally apprenticed to JOHN KENDRICK, an English Surgeon of decided ability, who prepared him to enter with zeal and profit upon the duties of a student of disease, as an interne at St. George's Hospital, London. His faculties had never been disturbed by the pursuit of any other business whatever, as his tastes had not run in the direction of mercantile life.

Soon after this practical sojourn in the midst of sickness, he became while in London, by special favor, the private "dresser" of Sir BENJAMIN BRODIE, a man whose name and deeds will ever be remembered with honor and looked up to as portraying characteristics of a lofty intelligence combined with noble traits. About this time he entered the office of Mr. CARPUE and became, in the course of a few weeks, his Demonstrator in anatomy; also availing himself of the lectures and explanatory remarks of F. R. SIX, professor of Anatomy and Physiology in London.

For six years he attended the lectures delivered by Sir E. HOMES, Drs. CHAMBERS and BLUNDELLON, and Sir ASTLEY COOPER; also being an earnest listener to the careful expositions of Surgeons KEATS and ROSE, of the Guards, etc., etc. After availing himself of privileges that were very great in his day, he was formally graduated doctor of medicine from the Royal college of surgeons in London, in 1838. At that time no thesis was required so the doctor did not write one.

Dr. BEALES visited Mexico not long after completing his medical studies, and resided in the city of Mexico for a period of ten years; during which time he practiced extensively. His experience of the peculiar diseases of that country, and the various remedies employed by the inhabitants, would form a pleasant and instructive basis for a book on what might be termed Local Therapeutics.

In August 1830, while residing in Mexico, Dr. BEALES married Donă DOLORES DE SOTO—a descendant in direct line from the "SOTO" who discovered the Mississippi—by whom he had four children; one son and three daughters. It will be remembered that the successful, and subsequently unfortunate FERNANDO DE SOTO was born at Xeres de las Caballeros in Extremadura, in 1500, educated at Saragossa, and came of a noble family. He was in company with Pizarro when the wealthy Inca of Peru was ransomed, and soon after returned to Spain with $500,000, and received favors from the emperor CHARLES V., but lost much of his money during his infatuated pursuit after mines while endeavoring to conquer, Florida. Disappointed from time to time, he at length took the fever on the banks of the Mississippi river and died June 5th, 1542. He "had crossed a large part of the continent in search of gold, and found nothing so remarkable as his burial place."* His wife, whom he had left in Havana till the return of the party, survived the news of his death but three days.

Dr. BEALES at length concluded to become a resident of the United States, and accordingly came to New York city, where he has ever since remained as one of its successful and industrious citizens; pursuing his professional duties with unabated zeal and happy results. Many positions of responsibility and high trust have been held by him; and not a few wise suggestions as to practical treatment and ethical duties have emanated from his mind. A man of leisure is a wordy man—but few doctors of the present day, in the exercise of a full practice, have time for verbosity; and when they speak, enter at once on a given

* Bancroft's History.

subject, and discuss sententiously the questions at issue.

On asking Dr. Beales his views concerning the rapidly growing habit of using tobacco in some form or other, he replied "I never have smoked. In great moderation I see no objection—but am violently opposed to what may be considered even less than excess. I doubt whether more than two or three cigars daily should be allowed."* His health has been good; having been very seldom impaired by the invidious attacks of disease. Occasionally over work has for a season subdued his vigor; but judicious repose and careful diet at once adjusted the recuperative powers. His religious faith is that entertained by the followers of the Protestant Episcopal Church of England.

Dr. Beales has contributed but little to the medical literature of the day, only occasionally furnishing an article for a monthly journal, or publishing some interesting paper on a special branch in medicine; but his views are clear, and might, if printed extensively, be made useful.

For many years, Dr. Beales was an active examiner for the Albion Life Insurance Company, a position whose responsible duties, in a fiscal point of view, depend materially upon a profound acquaintance with auscultation, percussion, and familiarity with the uses of the test-tube and microscope.

On asking Dr. Beales, one day, whether he would become a follower of the same branch of science, if he were to live over his eventful life, he replied: "With the greatest love for my profession, I consider it an arduous one, excessively trying to a man who strives to do his duty, and who in his heart cares for the result of his treatment."

The Doctor is confined in his practice to no specialty; but has endeavored to pursue all the ramifications of the healing art, with due respect to the "union" of the brotherhood. His height, "in his stocking feet," is 5 feet 11 inches, and weight from 168 to 170 pounds. Though subjected to many morbific surroundings, and frequently in the midst of a grievous epidemic, his health has been remarkably good, and his labors continuous.

Dr. Beales seems fully to appreciate the thought, that time is the essence of experience, and that the young may strive to please, but the old should endeavor to instruct. Accordingly, he is ever ready to furnish facilities to the growing physician, and meets the worthy aspirant more than half-way.

There is no career, in a business point of view, that so fully depends on material contingencies as that of a doctor. In his case, we often find, that it is not the kind of card that wins; it is which is trumps. For special favors, a successful partnership, or some "happy case" will roll in money and establish a name. There are, however, some who, bent on respectability, and desirous of advancing in an unobtrusive manner, continue the same honest course of life from year to year. They are always found in the same place; gradually rise in the estimation of their associates, and become the respectable men of the profession. Theirs is not spasmodic fame; but is found to be a species of chronic integrity, which is lasting, and may be relied on; for virtue is the foundation, and ethics the test.

Of this latter class, Dr. Beales is an admirer. His course has been gradual; but unaffected by any retrograde, He was the recipient of the honor M. R. C. S., London, and was formally and officially elected licentiate of the Proto Medicato of Mexico, after passing the ordeal of an instituted examination. He became, some time ago, a Fellow of the New York Academy of Medicine, and at present holds an honorable position in the St. George's Society in this city. While a resident in the capital of Mexico, in due time he found himself chief of the Faculty of the State of Mexico, and about the same period, was duly appointed, by the same authority, Professor of Surgery and the Diseases of Women and Children, in the Hospital of San Andrea in that city. He likewise received the degree of Doctor of Medicine from the College of Physicians at Madrid, Spain; and from time to time, has enjoyed the respect of his patients, and the confidence of the community at large.

* M. Sichel, a man of many years experience, maintains that any one, with but few exceptions, who smokes over 5 drachms of tobacco per diem will ere long suffer materially as to impaired vision or loss of memory. This, though sage advice, would prove too small an allowance to such men as John Gale, of Claremarket, England, whose epitaph might truly have been "*exit in fumo.*" See "Portraits, Memoirs, Characters and Remarkable Persons, from the Revolution in 1680 to the end of the reign of George 2d," by John Caulfield, in 4 vols., London, 1819.—H. R. Young, etc., 56 Paternoster Row. A work that contains many curious accounts of the freaks of nature and eccentricities of mind, both interesting and rare.

—— Substitute for Lint. The surgeons of Vienna have lately employed, with much success, the unsized paper called *papier Joseph* for dressing wounds, as an excellent substitute for lint. It does not change in contact with water; it is a bad conductor of heat, and preserves, in consequence, the wounds from atmospheric influence. From its absorbent nature it sucks up the matter, maintains the wounds in a state of dryness favorable to healing, and it may be used in certain circumstances more advantageously even than lint.

CASE OF PUERPERAL FEVER WITH MANIA.

BY JAMES B. BURNET, M.D.,

House Physician, Bellevue Hospital, New York.

Annie Christian, aged 25 years; a native of Sweden, and single, was confined at 11.35, P. M., on June 1st, 1866, the labor lasting 5 hours and 45 minutes. This was her first child, a male, healthy, and a seven months' child. The position was the right occipito posterior. On June 2d, she complained of aching all over her body, her pulse being from 90 to 95 in the minute. At 4, A. M., on June 3d, she had a chill, and at 6, A. M., her pulse was 120, and there was some tenderness on pressure, limited to the uterus. At noon of this day, her pulse was 96, respiration 24, and continued thus until 6, P. M. Then the pulse ran up to 130, and the limits and degree of the tenderness were much increased. All this occurred in Dr. LUDLOW'S ward, under whose skilful care the woman was delivered, and who at 10, P. M., transferred her to ward 20, of the 4th Medical Division. From that time the following was her condition:—

June 3d, 10, P. M. Pulse 124; respiration 51, milk absent. Lochia scanty though not offensive. Administered 20 drops of MAGENDIE'S solution of morphia, and 10 grains of the bi-sulphite of soda.

11, P. M. She doses, lying upon her side. Feels much pain yet—gave quiniæ sulph. gr. ij.

12, midnight. Magendie, gtt. xxx.

June 4th, 1, A. M. Mag. gtt., xv; quiniæ sulph., gr. ij.

2, A. M. Pulse 123; respiration 28; she sleeps; decubitus dorsal, with knees drawn upward. Good deal of pain yet. Mag. gtt., xv; Sodæ bisulph. gr. x.

3, A. M. Quiniæ sulph., gr. ij.

4, A. M. Pulse 120; respiration 28; moans occasionally in her sleep, lies on her right side with knees drawn upward, much pain. Mag. gtt. x.

6, A. M. Pulse 120; respiration 25, decubitus dorsal. Knees drawn up; lochia present. Mag. gtt. v; sodæ bisulph. gr. x.

7, A. M. Quiniæ sulph. gr. ij.

8, A. M. Pulse 118; respiration 19, sleeps gently.

9, A. M. Quiniæ sulph. gr. ij.

10, A. M. Pulse 110; respiration 24. Found her drinking some milk, lying on her side, complains of some pain yet. Mag. gtt., v; sodæ bisulph. gr. x.

11, A. M. Lies on her side; but little pain, hot fomentations ordered to abdomen; quiniæ sulph., gr. ij.

12, M. Pulse 112; respiration 36. Mag. gtt. x.

1, P. M. Quiniæ sulph. gr. ij.

2, P. M. Pulse 118; respiration 41, irregular and catching; decubitus dorsal, good deal of pain. Mag. gtt. xv; sodæ bisulph. gr. x.

3, P. M. Quiniæ sulph. gr. ij.

4, P. M. Pulse 128; respiration 50. Mag. gtt. xx.

6, P. M. Pulse 112; respiration 36; feels a little better; Mag. gtt. xv; sodæ bisulph. gr. x.

9, P. M. Pulse 120; respiration 20; Quiniæ sulph. gr. ij.

10, P. M. Pulse 120; respiration 24; does not feel much pain. Mag. gtt. xv; sodæ bisulph. gr. x.

12, midnight. Pulse 112; respiration 32. Feels comfortable. Mag. gtt. x.

June 5th. 1. A. M. Quiniæ sulph. gr. ij.

2, A. M. Pulse 120; respiration 32. Mag. gtt. v.

4, A. M. Pulse 118; respiration 20. Feels very little pain; Mag. gtt. x; sodæ bisulph. gr. x.

6, A. M. Pulse 120; respiration 20; much better Quiniæ sulph. gr. ij.

8, A. M. Pulse 130; respiration 22. She has been talking, and is somewhat excited; very little pain. Mag. gtt. x.

10, A. M. Pulse 134; respiration 28. Mag. gtt. x; sodæ bisulph. gr. x.

12, M. Pulse 140; respiration 26. Excited on account of the presence of a friend. Mag. gtt. x; quiniæ sulph. gr. ij.

2, P. M. Pulse 132; respiration 30. Feels a little better. Mag. gtt. xv; sodæ bisulph. gr. x.

4, P. M. Pulse 138; respiration 28. Some little pain on pressure over abdomen. Mag. gtt. xv; quiniæ sulph. gr. ij.

6, P. M. Pulse 138; respiration 28. Mag. gtt. xv; sodæ bisulph. gr. x.

8, P. M. Pulse 133; respiration 23. Has been greatly excited talking about some unknown personage. Mag. gtt. xv; quiniæ sulph. gr. ij.

10, P. M. Pulse 128; respiration 19. Sleeps quite gently.

12, midnight. Pulse 124; respiration 18. Has slept softly since 9, P. M. Ordered, if she awakes, sodæ bisulph. gr. x.

June 6th. 2, A. M. Pulse 120; respiration 19. Has just awakened, no pain at all; sodæ bisulph. gr. x.

4, A. M. Pulse 120; respiration 17. No pain whatever; quiniæ sulph. gr. ij.

6, A. M. Pulse 120; respiration 25. Complains of pain in head and abdomen. Mag. gtt. xx; sodæ bisulph. gr. x.

8, A. M Pulse 110; respiration 20; cramps in both sides low down. Mag. gtt. xx; quiniæ sulph. gr. ij.

10, A. M. Pulse 110; respiration 25; no lochia since yesterday morning; more tenderness on pressure. Mag. gtt. xxv; sodæ bisulph. gr. x.

12, M. Pulse 117; respiration 23. Mag. gtt. xxv; quiniæ sulph. gr. ij.

2, P. M. Pulse 130; respiration 17. Mag. gtt. xxv; sodæ bisulph. gr. x.

4, P. M. Pulse 136; respiration 14; sleeps and occasionally moans. Bowels have been well moved by an injection; quiniæ sulph. gr. ij.

6, P. M. Pulse 140; respiration 22. Mag. gtt. x; sodæ bisulph. gr. x.

8, P. M. Pulse 140; respiration irregular. She seems to be out of her mind. Does not complain of any pain; some twitching of the muscles. Verat. viride, gtt. iij.

9, P. M. Pulse 140; verat. viride, gtt. ij.

10, P. M. Pulse 156. Has a very decided chill; is very delirious. Verat. viride, gtt. iv; sodæ bisulph. gr. x.

11, P. M. Pulse 156; somewhat restless. Verat. viride, gtt. v., Mag. gtt. xv.

12, midnight. Pulse 140. Verat. viride, gtt. v; Mag. gtt. xv.

June 7th, 2, A. M. Pulse 120; respiration 44. Tremors all over her body. Does not sleep any. Verat. viride, gtt. v.; mag. gtt. xv.

3.45, A. M. Pulse 126; respiration 41. Pulse small and irregular. She is bathed in a profuse perspiration. Has not slept all night. Verat. viride, gtt. v.; mag., gtt. xxx.

5.45, A. M. Pulse 136; respiration 31. Verat. viride, gtt. v.; mag., gtt. xxx.

8, A. M. Pulse 124; respiration 17. Absolutely refuses to take any more medicine or nourishment.

9, A. M. Pulse 122.

10, A. M. Pulse 120.

11, A. M. Pulse 132. She is tossing on her bed, and furiously delirious. Medicine is forced down. Verat. viride, gtt. v.; mag., gtt. xxx.

12.30, P. M. Pulse 120. Mag., gtt. xxx.

2.30, P. M. Pulse, 126. As she is so very furious, chloroform is administered at the advice of Prof. A. L. Loomis, the Visiting Physician, and she is kept under its influence.

3, P. M. A blister is applied to the back of her neck.

4, P. M. She is kept quietly under the influence of chloroform.

4.30, P. M. Verat. viride, gtt. v.

6, P. M. As she will not allow herself to be fed by the mouth, (she before having taken milk, eggs, whiskey, and beef-tea,) it was proposed to give nourishment by the rectum, and accordingly an injection of strong beef-tea, with ℥j. of whiskey, was employed every hour.

8, P. M. No particular change in her condition.

9.30, P. M. Pulse 130. Has just awakened, after a sleep of over two hours. Is very quiet. Respiration sighing, and pupils very much contracted.

12, midnight. Pulse 148.

June 8th, 3.30, A. M. Pulse 150; respiration 30. Has awakened again, and been somewhat wild. A little chloroform given.

4, A. M. Quiet. Hands, arms, and feet cold. Other parts hot and perspiring,

5, A. M. Awake, but very quiet. Seems to be sinking.

5.30, A. M. Pulse scarcely perceptible. Quiet, but occasionally moans. Hands and arms cold and blue. Evidently dying.

6, A. M. Has just expired, without a struggle.

The body decomposed with such rapidity, that it was impossible to make a post-mortem examination, much to our regret.

Medical Societies.

BALTIMORE MEDICAL ASSOCIATION.

October 8th, 1866.

Reported by J. W. P. Bates, M. D.

Subject for Discussion—Diphtheria.

(Continued from page 10.)

Dr. Coskery. We give up a case of tonsilitis when there is simple exudation. We call it diphtheria, say we cannot cure it and abandon it when by the proper use of remedies we cannot fail to cure. In cities diphtheria is always sporadic, never epidemic. In Pennsylvania, where I saw much of the disease, it skipped over the towns and dipped down into the apparently healthy valleys. It disregarded the laws which commonly govern epidemic diseases. In these valleys there were no malarial emanations but they were apparently healthy. It is necessary to know that cities, villages and crowded places are exempt. I have been called frequently to see cases of so called diphtheria, in this city, but so far I have only seen three. I remember a case I saw in Pennsylvania in connection with Dr. Siess. A boy was ploughing and became so debilitated that he could not continue his work. He dragged himself to the house, and when he arrived he was completely covered with perspiration; pulse weak and feeble; answered with difficulty when asked if his throat was sore, (the debility was not from

sore throat)—throat looked like vermillion varnished. It was touched with a solution of argenti nit., (℥j., aq. f.℥j.), and in an hour he looked better. Gave brandy, carbonate of ammonia and beef-tea, and injected an infusion of gentian root and beef-tea, and in forty-eight hours he was well. Two sisters were sick with the disease at the same time. In one a spot half the size of a split pea appeared, followed by many similar spots—we let the case go on to see the effect—it dipped down into the larynx, there was croupal respiration and death. The other sister got well after the application of the caustic. The membrane looked better where the caustic had been applied than where it had not.

It also became epidemic near St. Mary's College. Debility was the terrible symptom. The district was about nine miles long by three wide, and typhoid fever had been prevailing every fall, and I had to ask myself whether it could have given its low form to diphtheria. I was anxious to see if this debility was always present. In Emmitsburg the debility was pathognomonic of the disease. Letters which I have received from New York, Indiana, etc., all speak of depression as the prominent symptom. We do not understand the disease here:—some call tonsillitis, scarlatina, putrid sore throat, or even aphthæ, by the name of diphtheria.

Dr. WILLIAMS. Does the Doctor say the disease is never seen in cities?

Dr. COSKERY. Only sporadic, never epidemic in cities. They are not the nests of the disease.

Dr. WILLIAMS. All the best works on the subject were written by city physicians, and it seems evident that it must have prevailed as an epidemic.

Dr. COSKERY. The fact that a committee was appointed to go down into Essex and investigate the disease, seems to prove that it was not prevalent in London at the time. The physicians I mentioned as having received letters from, went into the country to investigate it. SYME traced the disease back to the days of HOMER—he says it occurs once in three hundred years. Does not occur in London; not a single case reported in Edinburg or any of those cities of the old world. There is no more terribly contagious disease than this, and if it were once to become epidemic in a city, it would sweep all before it. City doctors have too much time and country doctors do not write.

Dr. WILLIAMS. I would like to have your definition of diphtheria as differing from tonsillitis and scarlatina.

Dr. COSKERY. When GAY LUSSAC compared air obtained from an elevation of 13000 feet with some from the Pontine Marshes, he was unable to find any difference between them, even when submitted to all the chemical tests by LAVOISIER, so I am unable to tell the precise nature of this disease. I cannot give its pathology. I distinguish it as I have seen it manifest itself. If weak, depressed pulse, with the vermillion color of the throat I should suspect diphtheria. The poison acts on the brain and nervous system, and the local disease is only an adjunct. We use nitrate of silver and stimulants for the same reason that whisky is applicable in rattlesnake bite. We have to treat the symptoms, and you can cure every case if properly treated.

Dr. ARNOLD. I am somewhat mystified by the gentleman's reasoning. We are told that this is a very fatal disease; yet by a certain mode of treatment 97 out of 100 will recover. It can hardly be such a fatal disease; so it is necessary to get the differential diagnosis between it and kindred diseases. It appears in different forms in different places,—in some a very malignant form in which the ratio of cures is very low; in others benign and the ratio high. Authors must attach some peculiar meaning to the name diphtheria. The points of difference between it and croup are as follows:

CROUP.	DIPHTHERIA.
Not confined to any locality; generally sporadic.	Epidemic.
Not contagious or infectious.	Highly so.
Ushered in with high constitutional symptoms.	No constitutional symptoms; during first stage may go about for weeks
Exudation on the surface of the membrane; cannot be detached.	Exudation sometimes on the surface of the membrane, but in a large number of cases it is an interstitial deposit.
Confined to the trachea. larynx and air tubes; ascends.	Descends. Commences in the throat, BRETONNEAU calls it croup-descendens.
Exudation expelled by coughing or emetics; never ulcerates.	Ulcerates and often becomes gangrenous.
Death mechanical from closure of the glottis.	Death may result from mechanical causes but generally from anemia.
Open inflammation; called benign.	Malignant.

Albuminuria is never absent in diphtheria and is sometimes well marked. The most prominent symptom is the prostration; resembles the absorption of pus. Continental writers call some other diseases diphtheria, but English and American never do. The ulcer of small-pox, scarlatina, putrid sore throat, erythematous inflammation of the fauces and pharynx are sometimes confounded with diphtheria. The treatment of genuine diphtheria is tonic, and stimulant and topical applications. The results are various. This is the rational treatment and the only one that promises any good results. In inflammatory croup antiphlogistics are proper. One danger of this disease is the extent of the exudation; invades the air tubes and sometimes the lungs, which no topical application can reach. In regard to its not prevailing in cities, SANDERSON describes an epidemic in Leith; ROKITANSKY in Vienna, etc. It generally, however, invades low, marshy places.

Dr. FRIEDENWALD. There ought to be distinctions drawn between this and kindred diseases, but may we not go too far. In a case of confluent small-pox we all know it is the same disease as when few pustules appear. So in diphtheria there must be some primitive form, and may not that be simple aphthæ? and if the physician were to call it diphtheria would he not be correct? One child may have diphtheria well marked, and another have an incipient form, yet it is one and the same disease. The error is that we do not call it diphtheria unless the mucous membrane is white, brittle, mortifies and separates. In one of my families a child had the disease and died. A little boy complained—tonsils covered with a

white membrane—treated with tonics and sulph. copper and got well. I think this was a case of diphtheria. In another family some slight redness and tumefaction of the throat, which might have resulted in diphtheria. I have seen cases which were not ushered in with the pathognomonic prostration,—they complained of the throat for a few days and gradually sank.

Dr. Williams. It is important to describe diseases correctly. We all know epidemics may vary; may be very mild or very severe. We see this exemplified in scarlatina—sometimes it is so severe that nearly every one will die, at others so mild as to need but little treatment. This characteristic runs through all diseases and is met with in diphtheria. I have seen the aphthous form appear in a family, and in the subsequent cases there may be a most copious exudation of membrane. Dr. Coskery would only apply the name to severe cases, which would be an error. What is diphtheria? It is produced by some poison acting on the whole economy, and not on the nervous system only but also on the blood. I have never seen a case in which debility did not precede the exudation. They feel weak, pain in the head and back, which is very persistent and which you can do nothing to relieve. The exudation appears in several forms: 1st, like that of croup; 2d, like broken-down clabber; 3d, may be called the aphthous form; 4th, looks like chalk stuck in the tonsils or palate. This last form is very persistent; I have seen it persist in returning, in spite of all that I could do, for twelve months. The pain in the throat lasts for months after recovery, whenever the patient is exposed to damp weather. There is no exudation in the most violent forms of this disease. The treatment must be directed against the prostration. If we treat the local symptoms alone, it is exceedingly fatal. The same cause which produces the membrane in the pharynx will produce it in the larynx if we do not treat the constitutional symptoms. Use diffusible stimulants to sustain the nervous system until the poison can be thrown off. I have used exclusively potass. chlor,, tr. cinchon co., tr. guiacum held in solution by honey. How the guiacum acts I do not know, but I have found that the cases got well sooner when it was used.

Dr. Coskery. Dr. Arnold said he had seen cases running about for a week, in the incipient stage of this disease—such has not been my experience. Dr. Williams says the tonic treatment is the correct one, and I endorse the assertion, but no case dies if you use the proper means before there is one croupal inspiration, which indicates the dipping down of the membrane into the air passages. It is the most manageable of all diseases if treated properly—none die, but highly fatal if neglected. The treatment should be nitrate of silver locally and chlorate of potass., brandy, beef-tea, ammonia, etc , internally: should be thrown into the rectum if they cannot be swallowed.

Dr. Arnold. Sanders refers to that Essex report, and out of eight cases four died, which does not seem to prove the assertion that it is so manageable. The blood is interfered with; it loses its plasticity; ulceration and mortification take place very easily. The best treatment cannot overcome the want of blood-making power. Remedies will not do all we desire them to do. This is one of the most fatal diseases.

NORTHERN MEDICAL ASSOCIATION OF PHILADELPHIA.

Subject for Discussion, "A Plea for the Lancet."

(Continued from page 493., Vol. xv.)

After the reading of Dr. Wilson's paper, Dr. Burns remarked: "It is with much pleasure that I rise to concur in the able and well written remarks of the gentleman who has favored us with the paper on the use of the lancet, as a curative method of treatment in many morbid actions. I am one of those who have not feared its use during an experience of nearly thirty years, when that use has been accompanied with proper scientific judgment; that it is unquestionably a direct and potent agent, capable of the greatest good, but like all other means, if not properly directed fraught with evil, therefore requiring a careful discernment of physiological and pathological laws. Such, however, of latter years has been the popular prejudice against it, for the most part promoted by a particular and expectant method of practice, that a proposition for its use is frequently met with opposition in many instances, productive of tedious recoveries, or the establishment of chronic diseases, which in the process of time lead to disastrous results. In many instances I have seen hydrothorax, abdominal and cerebral effusions with convulsions, resulting from congestion of the various organs, which might have been averted by one timely venesection; and inflammatory diseases ending in alterations of structure, becoming ether incurable or requiring long and well directed treatment to subdue the effects of lost opportunity. As there is a "time for all things," so in regard to bleeding there is a time at the onset of disease, to conquer its force and avert consequences, and if this opportunity is not taken, that favorable period does not return, and the same means then would produce danger.

It has been my experience to have seen the greatest good from venesection in convulsions, both puerperal and from other causes, in croup, in active hæmorrhages, especially in hæmoptysis, epistaxis, and uterine hæmorrhage consequent on the cessation of the catamenia—where nature becomes her own bleeder, but art can save both her and the physician much trouble—in constipation, in puerperal fever, in inflammation of the lungs and serous membranes, in cerebro spinal congestive fever, called spotted fever; and last, but not least, I have seen its happy effects in cholera, in which, in 1849, I bled 61 cases out of 96, with the very best of results; the treatment being used this year in one case, with similar good effects. It is not necessary to occupy your time relating the various diseases in which I have found bleeding to be beneficial: in short, where I have regretted its use once, I have ten times felt sorry for its omission. I believe secretion and absorption are promoted by it, and a preparation is made for the better administration and efficacy of subsequent medicinal agents.

What can be more gratifying than to see patients recognizing their surrounding and anxious friends, saying they feel better; the eye manifesting returning recognition, while, a few minutes before, lost in the stupor of impending destruction from cerebral congestion or terrific convulsion; or again, a person, agonized with pain, brought to feel at ease and comfort; all this by the abstraction of a few ounces of blood. These things have been observed by every enlightened physician; it is, therefore, unnecessary to add more.

In conclusion, I would say that Dr. WILSON deserves commendation for having brought this subject to the notice of this Association.

On motion of Dr. J. R. BRYAN, it was

Resolved, That the paper of Dr. WILSON, together with the remarks of Dr. BURNS, be published in the REPORTER.

Adjourned.

EDITORIAL DEPARTMENT.

Periscope.

Poisoning by Strychnia.

Dr. S. T. CLARK reports in the *Buffalo Med. and Surg. Journal*, a case of poisoning by strychnia. The patient, a man of 30 years, having been seized with symptoms of delirium tremens, suicidally swallowed about twenty grains or more of strychnia. When Dr. C. saw him soon after, he was suffering from frightful spasms. He was placed under the influence of chloroform, after the administration of an emetic of zinci sulph., remaining under the effects of the anæsthetic, with but few intermissions, for eighteen hours, when, after a profuse sweat, and with the occurrence of prostration, the suspension of the chloroform was not followed by a recurrence of the spasms. The amount of chloroform used was one and a half pounds. The patient made a constant and rapid recovery.

The editor of the *Journal* adds, that recoveries are mentioned by STILLÉ, Dr. H. G. THOMAS. and Dr. S. S. HARRIS, after doses, respectively, of three or four, five, and six to eight grains.

The Chief Cause of Death after Hernia Operations.

Dr. JONATHAN HUTCHINSON concludes a clinical lecture on this subject (*London Hosp. Reports*,) as follows:

1. That peritonitis very rarely occurs before either the operation is performed or taxis effected.

2. That it is the common cause of death after operations, and is even now and then met with after successful taxis.

3. That two forms occur after operations, one when the sac has been opened, due to the incision, handling, etc., (direct traumatic); the other, whether the sac has been opened or not, due to the return of damaged intestine into the peritoneal cavity.

4. That a knuckle of intestine, which has been damaged by strangulation, but is yet much short of actual gangrene, may originate the second form of peritonitis.

5. That the knowledge of the true cause of the commonest form of post hernial peritonitis, explains why death often occurs, even when the sac may not have been opened. That it also points to several important practical conclusions:

a. The extreme value of time in a case of strangulated hernia.

b. The necessity for opening the sac and examining the gut in cases of long strangulation.

c. The propriety of retaining the damaged gut in the sac if found in a bad condition.

d. The propriety of adopting by anticipation the treatment for peritonitis, if inflamed bowel have been returned.

Ingrowing Toe-Nail.

At a meeting of the Norfolk (Mass.) District Medical Society, the President, Dr. COTTING, as per report in the *Boston Medical Journal*, alluded to his method of operation for the relief of ingrowing toe-nail. He had never found it necessary to remove the nail, and in one of the cases recently operated on, the nail had been removed some years before without any good effect. His method is to remove a portion of the sound, as well as diseased flesh from the side of the toe; say three-quarters of an inch long, half an inch wide, and as thick as the member will admit of. Two cases, so operated on since the last meeting, succeeded perfectly. Dr. STEDMAN stated that he had recently performed the operation with complete success.

Notes and Comments.

Dr. Lewis A. Sayre.

It gives us real pleasure to learn that Dr. SAYRE, of New York, is expected to return from San Francisco in a few days, his trip having restored to him his usual vigor, and perfect health; and that he returns able and desirous to perform the double duty which awaits him at Bellevue College.

Return of Dr. Marion Sims.

Dr. J. MARION SIMS has recently returned to his home in New York, after a residence in Paris and London, of several years, during which he has had a remarkably successful professional career. His extraordinary aptitude in uterine surgery has been the admiration of European surgeons, and though he carried some of his peculiar ideas a little too far, his talents have been acknowledged by all, and he returns with substantial proofs of their appreciation.

At its meeting on the 2d of January, the New York Academy of Medicine passed the following resolution of welcome to Dr. SIMS.

Resolved, That the Academy of Medicine hereby tenders a cordial welcome to its associate

member, Dr. J. Marion Sims, on his return home, after having, by his genius, skill, and industry in his specialty, raised the character of American medical science and art to an elevation before unattained in foreign lands.

"Patent Deodor Vessel."

We have received, from the Trenton Pottery Company, a specimen of a new chamber-vessel, with a hollow lid, intended to hold a liquid disinfectant, which is exposed when the vessel is used, for the purpose of neutralizing the foul emananations. The idea is an excellent one, and will be found to be very useful in practice. A recipe for an excellent disinfectant accompanies the vessel. We understand that the Company will immediately put these vessels on the market.

Small Pox.

The following, which we cut from a Providence, R. I. paper, shows how effectually small pox may be controlled by proper care and attention. It is true that Boston is somewhat more exposed to invasions of the disease from abroad than Providence, yet we do not doubt that the result is greatly dependent on good municipal laws and efficient health officers.

Small Pox.—The number of deaths in Boston by small pox during each of the last ten years has been as follows: In 1857, 2; in 1858, 2: in 1859, 154; in 1860, 170; in 1861, 7; in 1862, 11; in 1863, 7; in 1864, 112; in 1865, 117; in 1866, 42. Total in ten years, 624.—*Boston Journal.*

The number of deaths from small pox in Providence, during each of the last ten years has been as follows: In 1857, 0; in 1858, 0; in 1859, 5; in 1860, 5; in 1861, 0; in 1862, 4; in 1863, 0; in 1864, 7; in 1865, 11; in 1866, 0. Total in ten years, 32.

The population of Boston, in 1865, was 192,-324; that of Providence, was 54,595. The population of Boston is *three and a half* times as many as that of Providence; the deaths, in ten years, from small pox, were *nineteen and a half* times as many in Boston as in Providence.

The deaths from small pox in Boston in ten years, were one in 308 of the population in 1865; the deaths from the same cause in Providence, were one in 1,706 of the population in 1865.

—— The Governor of this State has appointed a commission, consisting of S. Preston Jones, M. D., Edward A. Smith, M. D., and Joshua H. Worthington, M.D., to inquire into the lunacy of Newton Champion, convicted of murder, in this city, on the 3d of November last.

—— Napoleon having been informed that every profession but that of medicine was represented in the French senate, determined that this anomaly should no longer exist, and accordingly promoted his physician, Dr. Conneau, to a seat in the Luxembourg.

Correspondence.

DOMESTIC.

Some Remarks on Professor A. P. Dutcher's "Lecture on the Temperaments."

Editor Medical and Surgical Reporter:

This lecture, appearing in the Reporter for December 1st, is to me surprising, as attempting to revive the Hippocratic theory of temperaments, which has, I believe, long been considered by scientific men, to have very little foundation in reason or fact, and as containing a good deal of assumption not substantiated by fact. It is surprising, coming from a scientific medical man, and appearing in our leading medical journal.

I would call attention briefly to some of Dr. Dutcher's propositions.

Having given us the classification made by Hippocrates, he adopts it, with the change of taking the *nervous* division, which was added by Dr. Gregory, to the original forms, in place of the the *melancholic* of the former writer. He expressly tells us that when he uses the word temperament, he "desires to be understood as speaking of the constitutional differences between individuals, which are dependent upon the relative predominance in each of their organic systems."

His description of the *lymphatic* temperament, is mainly "a dead white complexion, light hair and eyes, person rather short and fat, temperament dull, inactive, and feeble, mentally and physically." The "poor whites" of the South in complexion and temperament, would perhaps answer this description, as well as any we could find, but in regard to person it will not hold, as they are rather tall, and among the leanest of mortal kind. The great point in this class is, that the sluggishness and feebleness, mental and physical, depends on a surplus of the soft parts, and is found in persons of fair complexion. The terms phlegmatic and lymphatic are frequently applied to the Germans, and as a nation, they probably answer the physical description of this class more nearly than any other. But who will say they are lacking in strength and vigor, that they "seldom accomplish much in this driving world of ours," or that "intellectual labor wearies them?"

The doctor tells us that young persons predisposed to this temperament, who gratify their appetites, and are indolent, "may expect to become sensual, degraded, incapable of much exertion, and subject to disease." Are we to infer, that those of other temperaments, who allow them-

selves to become gourmands and debauchees will not escape a like reward?

These people he tells us, are peculiarly obnoxious to disease, and when they get sick are pretty sure to die! This must be discouraging to those who are so unfortunate as to be fat and fair!

He describes the *sanguine* temperament, as consisting in a fair and ruddy complexion, with light eyes, and light or reddish hair, and a corresponding temper, which is sprightly, cheerful, and hopeful, "with something of levity and thoughtlessness, rather than strength and steadiness." The English people, corporeally, probably answer this description better than any other, and I believe are usually considered as a good example of the so-called sanguine temperament; but who ever accuses John Bull of being sprightly and thoughtless, and lacking strength and steadiness? The Scotch, also, (and by this I mean that such characteristics predominate in these nations) are sanguine in person, but in temper are as nearly the opposite of the description as could well be found. The French, among whom I presume, are a larger proportion of persons with dark complexion, would better answer the description. The doctor tells us that this temperament predisposes to inflammations. Do we not as often find dark persons who are plethoric and full of blood? and if this predisposes to inflammations, would they not be as subject to them? And he again gravely tells us that if this kind of people indulge too freely in good victuals and strong drink, they may expect to suffer for it! Putting this and that together, the doctor would make out that the fair races do not *get on* in the world. Let us see! compare the Anglo-Saxon and German with the Spaniard, Italian, and Austrian, or the European with the colored races.

The *nervous* class, the doctor tells us, is not so easy to describe, but he gives us a complexion light and pearly, but not white, dark hair and eyes, a person small, spare, and delicate. These people are very nervous, BYRON was one. The Americans are a great people, and it is because we are so very nervous! Just here he tells us that the fair race are "slow and sure;" before, they "lacked strength and steadiness." He thinks we are a little too nervous—we go too fast, and must hold on or we will break something! He also tells us that the late war was owing mainly to the highly nervous temperament of the Southern people. If so, this nervous temperament abounds in tall men with fair faces, and red beards, for there was certainly a predominance of such in the Southern army. Finally, these people are very nervous, and may have hysterics!

Lastly, we have the *bilious* temperament, which is entirely different. They are very dark, and stout, but do not get fat. It also appears that dark people grow taller than light ones do. This is very plain, but the temper is complex. They are abrupt, impetuous, violent, energetic, inflexible, persevering, courageous, and audacious. The North American Indian, in person, answers the description pretty well, but in temper would hardly be considered to do so. He may be persevering and courageous, but is proverbially calm and stoical. The Spaniard and Italian also answer the personal description very nearly, and they are, perhaps, impetuous, violent, and courageous, but certainly not energetic, inflexible or persevering. It would be difficult to find a noted individual who has this complex temper. I think of one who seems to fill the bill,—A. JOHNSON. These people, the doctor assures us, are very liable to become bilious, and this almost always brings on dyspepsia, which is pretty sure to be followed by hypochondriasis. We are to infer that people who have fair faces, blue eyes, and light hair, seldom have troubles of this kind.

To close, the doctor tells us that temperaments are frequently mixed, that the lymphatico-sanguineous,—that is, everybody who is fair, and has light hair and eyes,—are "throughout their life loaded with blood and lymph," "have a body soft and awkward," and their "viscera always engorged;" that this is the temperament of women and children; that we may have the nervo-sanguineous, or nervo-bilious; and that when there is a combination of temperaments, and they get sick, it is a serious business indeed.

It will be seen that the doctor's theory has no place for those who are so unfortunate as to be dark, and at the same time fleshy, delicate, short, sprightly, cheerful, amiable, or dull and stupid; or for those pale blondes who are spare, strong, lively, energetic, active, or excitable.

As the brain is the organ of the mind, I apprehend that a man's mental or moral qualities do not depend on the fact of his being white, brown, or black, tall or short, fat or lean. These are matters of race, climate, and circumstance. There are probably as many persons with dark complexion and dark eyes and hair, who have the other physical and the mental characteristics assigned to the lymphatic or the sanguine temperaments, as those with light complexion, light hair and eyes, and *vice versa*.

It is true, that in common parlance these terms have a certain significance, and that they are

commonly used, but the ideas connected with them are not well defined.

Webster's definition of lymphatic is,—madly enthusiastic. They are also sometimes used in medical works, but usually in a restricted sense; not with the meaning given by those who believe in the theory of temperaments. On the contrary, I believe that the majority of medical men of this century—and since the time of Cullen in fact—have considered the Hippocratic doctrine of temperaments as a superstition of the humoral pathology, having very little foundation in fact, and unworthy a place in medical literature, except as a matter of history. It has, therefore, been left to phrenologists and other charlatans to develop this obsolete theory of an age gone by.

Wm. B. Powell, of Cincinnati,—the man who bequeathed his head for scientific purposes—was perhaps the greatest apostle of this doctrine in modern times. He is said to have spent forty years of his life in investigating the subject, and he elaborated a most wonderful and abstruse science(?) out of it. He had two primary or original temperaments—the blonde and brunette; though he had the good sense to affirm that the characteristics peculiar to each of these temperaments do not necessarily accompany the corresponding complexion. He divides and combines these so as to make fourteen classes. His 11, 12, 13, which are compound, are made to represent very remarkable characters, but it is the 14th which is the *sanguine-encephalic-bilious-lymphatic*, which combines the good qualities of all, and is a most wonderful being indeed. His exponents of it are Cromwell, Napoleon, and S. A. Douglass!

But Fowler and Wells have probably been more successful than any other men in this country in promulgating this theory. They have, no doubt, had many believers, but I apprehend these are less numerous than formerly.

That there are vast differences in the physical and mental characteristics of individuals and races, and that an attention to these peculiarities is of importance in the treatment of diseases no one will deny, but that their differences are comprehensively embraced in the theory of temperaments, there is good reason to doubt.

I will close with some quotations from Dunglison.—(*Cyc. Pract. Med.*, vol. iv., p. 351.)

"The slightest attention to the reputed characteristics of the temperaments will show the imperfection of their definition and demarkation—so imperfect, indeed, that it is extremely rare for us to meet with an individual whom we could unhesitatingly refer to any one of them." "It is doubtful, also, whether any of the mental characteristics assigned to the temperaments be dependent upon them." "That a difference of organization exists in different individuals is obvious,—but that there is an arrangement of the nutritive organs or apparatus, which impresses upon individuals all those mental and other modifications known under the name of temperaments, is sufficiently doubtful."

Lyman Allen,
Late Surg. 5th U. S. C. T.
Jefferson, O., Dec. 12th.

The Travelling Quack Nuisance.

Editor Medical and Surgical Reporter:

It has been the source of a great deal of mental annoyance to me to see our country overrun with travelling "quacks," and the idea has suggested itself to my mind, as to whether it is not possible and practicable to have our land rid of this nuisance. To the regular practice they do no pecuniary injury, and only exercise an influence in degrading a profession second in importance to none other. To the people, they do a vast deal of harm, by professing to cure all manner of diseases to which "human flesh is heir," and thus enticing those unfortunate persons who are afflicted with really incurable diseases to gulp down their miserable nostrums. We cannot appeal to the people, because persons suffering from such maladies, as generally appear on the hand-bills of these swindlers, (supported by a long list of references,) are willing to catch at any straw, even though convinced of its utter worthlessness.

The only method I can conceive, is by some legal proceeding—the passage of some law-making it obligatory on the practitioner to be possessed of certain qualifications. I do not recommend any plan, but merely wish to draw the attention of my professional brethren to this growing evil, and ask whether some means can not be devised to overcome this wrong. I do not ask it so much for a protection to the profession, as to the people—a physician fully qualified to prosecute the duties of his profession as he should, can maintain himself against all opposition.

Wm. H. B., M. D.
Blomsburg, Pa., Jan. 3d, 1867.

Hermaphrodite?

Editor Medical and Surgical Reporter:

Mrs. ——, mother of five children, was confined some six months since, after a short and light labor, with a child weighing eight pounds, strong and vigorous and perfectly healthy, except peculiar genital organs. Externally appeared a well-marked scrotum with no testicles, but adherent laterally over its surface by the surrounding skin. At birth, water was voided

at the upper part, by what might be called the rudiment of a penis, but not larger than a small pea; and from a small slit in the lower part of the scrotum, urine also passed for 24 hours, when it closed naturally. On pressing the fingers on this apparent scrotum, a vulva could be detected and the finger pressed up easily for an inch with the feeling of labia at the sides. Now at five months, the parts are unchanged, except the general characteristics of a female child in countenance, etc., and the pea-like appearance of a penis, where the urine passes, but there is nothing to the finger like the body of any organ behind. The child always seems in pain, with thin passages at stool; but no obstruction (though probably existing) can be detected in the rectum.

H. L. W. BURRITT, M. D.

Bridgeport, Conn., Jan. 5, 1867.

News and Miscellany.

Cholera and other Disases.

Dr. D. A. MORSE, of Alliance, Ohio, is preparing for the press an epitome of medicine, and has issued a circular to the profession making inquiries concerning the cholera of 1866 and other diseases. We call the attention of our readers to the following questions, and hope they will aid Dr. MORSE by communicating such information as they may have on the subjects.

1. Has cholera ever appeared in your city *previous to the arrival of infected?*

2. Can you assert that any person, so situated that exposure to contagion was IMPOSSIBLE, has ever been attacked?

3. Is the virus portable? If so, is there any disease the virus of which is portable, that will infect remote places, and yet not be a contagious disease?

4. If not contagious why does it not spring up in this country *previous* to its appearance at quarantine stations? Why does it not arise independent of the Old World?

5. How do you explain the *hundreds* of well attested instances in which the disease has followed the appearance of infected, spread not only through that place, but to small towns situated on high,dry and healthy locations?

6. Has there been any increase of bowel complaints over those years in which cholera did not exist, *previous to the appearance of the first cases*, and a greater increase than usually occurs in July and August independent of cholera?

7. What post mortem appearances have you observed?

8. What is the pathology of the disease?

9. What is the therapeutical value of opium in the treatment? Of calomel? Of chloroform? Cantharides? Camphor? Cold water and ice? Other plans?

10. Have you made any meteorological observations that can account for the appearance of the disease?

11. Can you furnish me with the means and extremes of temporature; amount of rain falling each year, and prevailing winds, at your place, for each year since 1848?

12. What is the differential diagnosis between typhus and typhoid fever? Treatment of each?

13. What is the relation of erysipelas to puerperal fever?

14. At what stage of the disease does small-pox become contagious? Treatment?

15. What per cent. of the inhabitants of your city, do you think, are vaccinated?

16. Have you observed the appearance and decline of the false membrane in the pharynx, before appearing in the trachea, in croup, as asserted by M. TROUSSEAU?

17. Do croup and diphtheria differ only in the location of the false membrane?

18. Have you made any observations concerning the temperature of the body in disease?

19. What is the action of alcohol? Is it chemical food?

20. What is its therapeutical value?

21. What is the therapeutical value of bromide of potassium in wakefulness?

22. What is your treatment of pneumonia and pleurisy?

23. What is the action of santonine?

24. What is the pathology of cerebro-spinal meningitis? Treatment?

25. What is the pathology of diabetes mellitus?

26. Have you made any observations with the microscope to determine the pathology of fatal jaundice?

An answer is solicited before Feb. 1st, 1867.

Due credit will be made in the work, for all material received.

Detection of Blood Stains.

In connection with a trial for murder, which took place some months ago in Detroit, Dr. DUFFIELD was called on to examine some dry blood stains on clothing. He softened the stained spots in glycerine, and pressed out the liquid and subjected it to the microscope. The corpuscles were shrivelled, but preserved their roundness, showing them to be from a mammalian animal. The only observable difference in the blood of man and quadrupeds is in the size of the corpuscles, those of man being largest, and easily recognized when recent, even when mingled with the blood of the ox. But when time has elapsed and the blood is completely dried on the texture of the cloth, the corpuscles become shrunken, and the results of examination are very uncertain. Dr. DUFFIELD closes his report with these words: "On the conclusion of this investigation, I am compelled, though having experimented more or less for six years on the blood of animals, fowls and fishes, to depose that when dried for any length of time and then moistened, great difficulty will be experienced in attempting to fix its origin by the size of its corpuscles." In connection with this subject the Philadelphia *Journal of Pharmacy* mentions the case of BARRAUT, the French chemist, who could detect the presence of dried blood by the peculiar odor evoked by moistening it with sulphuric acid. So acute was his sense of smell in this respect, that his testi-

mony was taken in the courts of Paris as positive evidence.—*Pacific Med. and Surg. Journal.*

Quadruple Births.

In the London *Lancet*, Dr. Wilson gives an account of a quadruple birth, the only one occurring in the Dublin Lying-in-Hospital in 140,000 cases of accouchment. Two of the children were delivered by a midwife, who then became alarmed at the discovery of more and called assistance. Dr. Wilson removed the two placentas, and proceeded to deliver the third child, which was born two hours after the second, the placenta following in a few minutes. A fourth child followed in two hours. The children all lived but the last, and the mother recovered kindly. Another case of quadruple birth is reported in the Richmond *Medical Journal* by Dr. Frederick Baker. A colored woman had three girls and a boy, each enveloped in its own membranes and having its own independent placenta and cord.—*Pacific Med. and Surg. Journal.*

—— Test for Acids—An exceedingly sensitive test for ascertaining the presence of acids has been suggested by Schonbein; this is simple cyanine blue, easily produced by the action of iodide of amyl on lepidine subsequently treated with soda. One part of the cyanine dissolved in 100 parts of alcohol is further diluted with twice its volume of water. The merest trace of an acid is promptly shown. Distilled water simply blown upon shows by this test the presence of carbonic acid from the lungs. The solubility of oxide of lead, which is so slight as to be unrecognized by sulphureted hydrogen, is clearly discovered by this test. By carefully adding acid to the solution till the blue color is destroyed, a very delicate test for the presence of bases may be procured.—*Scientific American.*

—— Extreme Disease of the Bones of the Cranium.—Dr. Murchison (hon. sec.) exhibited to the Obstetrical Society of London for Mr. Bickersteth, of Liverpool, a specimen in which the whole surface of the cranium was covered with a nodular bony growth. The lower jaw was also affected, and was enormously enlarged. The only other bones affected were the hyoid and one fibula. The disease began at the age of fourteen in the bones of the skull, which became gradually larger and larger. The patient did not suffer much until two years before his death, which took place at the age of thirty-five. The pain was in the fibula, and was so exceedingly severe that it was believed to have been the cause of death. There was no history of syphilis in himself nor in his parents, and after death all the internal organs were found to be healthy.—*Med. Times and Gazette.*

—— Sudden Death. On Wednesday morning, December 26, Dr. Page of Winchendon, Massachusetts, a physician in full practice, was found dead in his bed. He slept in his office, and was alone at the time of his decease. The cause is not certainly known, but supposed to have been an overdose of chloroform, which he was in the habit of taking for disease of the heart.

Army and Navy News.

NAVY.

List of changes in the Medical Corps of the U. S. Navy during the week ending Jan. 5, 1867:

Surgeon A. A. Henderson, granted one month's leave of absence.

Surgeon P. S. Wales, ordered to temporary duty at Naval Hospital, Norfolk, Va.

Ass't-Surgeon J. W. Coles, ordered to report for examination for promotion.

Surgeon Somerset Robinson, detached from U. S. Ship Saranac, and ordered to return to the United States.

Passed Ass't-Surgeon E. S. Matthews, detached from the Fredonia and ordered to the Saranac.

Passed Ass't-Surgeon F. T. DuBois, detached from the Jamestown and ordered to the Fredonia

Passed Ass't-Surgeon E. T. T. Marsh, detached from the Farrallones and ordered to the Jamestown.

MARRIED.

Adams—Hill.—In Waterville, Me., Dec. 25th, by Rev. M. J. Kelley, Dr. Henry M. Adams, of Woodstock, Me, and Lottie E. Hill, of Waterville.

Brown—Carrington.—In Baltimore, Md., at Emmanuel Church, Dec. 24th, by Rev. N. H. Schenck, Dr. Thomas R. Brown, Assistant Surgeon U. S. Navy, and Hallie R., daughter of John K. Carrington, Esq., of Baltimore.

Dodge—Whelpley.—At Morristown, N. J., Jan. 3, by the Rev. Arthur Mitchell, Dr. David S. Dodge, of New York, and Mrs. Eliza E. Whelpley, of Morristown.

Glen—Gray.—At Flemington, N. J., Nov. 27th, by the Rev. John L. Janeway, D.D., Irenæus R. Glen, M. D., of Reaville, N. J., and Miss Abbie D. Gray, daughter of Dr. J. Alfred Gray.

Higher—Mason.—In Saco, Me., Dec. 25th, by Rev. J. T. G. Nichols, Captain Henry O. Higher, late of Eighty-second U. S. Colored Infantry, and Lucy L., only daughter of Dr. Jerry Mason, of Saco.

Kesler—Willis.—In Honesdale, Pa., on the 24th ult., at the residence of the bride's uncle, D. W. Hoyt, Esq., by Rev. S. H. Meade, Dr. James W. Kesler, of Honesdale, and Miss Emma F. Willis, of Brattleboro, Vermont.

McKinney—Houston.—At Towanda, Pa., by Rev. Wm. Harris, Oct. 2d, Charles T. McKinney and Martha R., daughter of the late Dr. Houston, all of Towanda.

Spratt—Hulburt.—On the 24th Dec., by Rev. G. M. Spratt assisted by Rev. Lyman J. Fisher, Pastor of the Westfield Baptist church, George Reed Spratt, M. D., and Miss Elizabeth Hulburt, at the residence of the bride's father in Westfield, Chautauque co., New York.

DIED.

Child.—At the residence of John F. Lockwood, Esq., Lithgow, Dutchess co., N. Y., Jan. 1, 1867, Henry F. Child, M. D.

Eveland—In Williamsport, Pa., Nov. 15th, Mrs. Elvira, wife of Dr. L. D. Eveland, in the 39th year of her age.

Hazzard.—In this city, on the 2d inst., William H. Hazzard, M. D., in the 51st year of his age.

Owings.—In Baltimore, Md., Dec. 18th, 1866, Dr. Thomas Owings, aged 64 years.

METEOROLOGY.

December,	24,	25,	26,	27,	28,	29,	30,
Wind.....	S. W.	N. W.	W.	N. W.	N. W.	W.	N. E.
Weather.....	Clear.	Clear.	Clear.	Cld'y. Snow.	Clear.	Clear.	Cl'dy. Snow.
Depth Rain.....							
Thermometer.							
Minimum.....	35°	22°	23°	20°	9°	11°	7°
At 8 A. M.....	47	36	25	33	21	24	20
At 12 M.....	46	38	35	30	25	27	24
At 3 P. M.....	47	37	36	26	36	26	25
Mean.....	43.75	33.25	29.75	27.25	22.75	22.	19.
Barometer.							
At 12 M.....	29.7	30.	30.1	29.6	29.8	30 2	30.2

Germantown, Pa. B. J. Leedom.

JULY 8, 1870.

THE

MEDICAL AND SURGICAL REPORTER.

No. 516.] PHILADELPHIA, JANUARY 19, 1867. [Vol. XVI.—No. 3.

Original Department.

Communications.

EXCISION OF THE WRIST-JOINT.

By A. G. Walter, M. D.,

Of Pittsburgh, Pa.

The results of excision of the carpus, necessitated by uncontrollable disease or severe accident, are reported not as favorable as those performed on other articulations. Hence the readiness and promptness of surgeons to resort to amputation, in preference to excision. Yet as the integrity and usefulness of the hand, with the fingers, is of greater importance than that of any other member of the human body, and as the reports of cases operated on, with their results, have not been sufficiently ample to warrant a proper estimate as to the propriety of excluding the sphere of its applicability, and as several cases are known to have recovered—the members being useful—it would not be fair to discard excision, but proper to repeat it in every case promising success, in order to get better results, if possible. With this view, exsection of the carpus, and of the metacarpal bones likewise, should in all cases be preferrred to amputation, as the hand and a finger, even if deprived of its metacarpal support, is very useful, none of the mechanical appliances which are in present use, or which might be devised, being able to offer a substitute for either, no matter how much altered or deformed.

Though it is pleasing to acknowledge, that operations for the salvation of human members have, in modern days, superseded many of the destructive proceedings heretofore practised, yet as the spirit of conservatism is seen to unfold its protecting wings in every department of our noble profession, due alike to the age in which we live, and to the advancement of human resources in general, it is to be hoped that still greater efforts will be made at saving what formerly would have been sacrificed.

By the adoption of the most terribly destructive missiles in modern warfare, national contentions are rendered brief and decisive, and the contestants are thereby permitted to return more speedily to their business pursuits and peaceful firesides; so mercy to the patient in the attempt to save injured limb and jeopardized life, will in future be the glory of the surgeon, and with the spread of rational conservatism, mutilating operations will be greatly diminished in number.

There is no existing reason *a priori*, why resection and exsection performed on the carpus should be less successful than those undertaken on other joints, provided the cases be properly chosen, all the diseased structures removed, the main arterial and nervous trunks saved, and proper temperature in the member maintained, with immovable rest to the limb, and other measures which are scrupulously demanded for success in the after-treatment of injured limbs in general.

As the external wounds made for the removal of the wrist are much smaller than those in any other articulation, while the inner one, too, after the bony structures have been excised, does not correspond in extent with that of the ankle or knee-joint, for instance, success should be greater in the former than in the latter. Moreover, the vitality of the hand and fingers being known to be remarkable, shewing, when injured, a wonderful tenacity and recuperation of life, due to the exuberant supply of blood and the nervous distribution—a bountiful and divine provision of nature in shielding the preservation of a member so preëminently useful—a more favorable issue, on that account also, should reasonably be expected. And though statistical tables, thus far collected, comparing the results of exsection with that of amputation, will offer an excess in favor of the latter, this should not be adduced as a positive proof of the superiority of amputation with regard to salvation of life, as long as minute data are wanting, showing that the cases operated on by resection were properly selected, that the operation had entirely removed all the diseased structures, that all vitally important tissues had been saved, and that the after-treatment had been conducted in the spirit of *true* conservatism, without which success can be but doubtful.

Conservative treatment, however, to be successful, must begin before the performance of the operation, when practicable, by putting the secretory and excretory organs in as healthy condition as possible. Without this precaution being taken, many not only protracted recoveries, but unfavorable issues have followed operations otherwise most skilfully and happily performed, by the invasion of erysipelas, phlegmon, pyæmia, and gangrene, the result of gastric or bilious symptoms not having been previously removed. This is an important item for the success of all surgical proceedings, the value of which, though, not being sufficiently appreciated.

In the after-treatment next, conservatism shows its blessed fruits by moderate local and general reaction, due and timely suppuration, and healthy granulation, with cicatrization speedily following. Yet it is only *judicious* conservatism, closely imitating nature in the reparation of injuries, by leaving the wounds made for resection *unstitched* and *open*, in order that all effused blood, with subsequent serous and purulent secretions, and detached spiculæ of bone, might speedily and readily be discharged—no offending material thus being allowed to remain as sources of irritation—by using frequent ablutions and injections into the wounds with tepid or medicated water, by maintaining in the part an equable temperature, by means of fomentations or poultices, and by immovable rest and support to the limb—the resected surfaces being held in apposition as closely as possible—that crowns the efforts of the surgeon with success; the omission of those injunctions being followed by failure.

Not being willing myself, from theoretical reasoning, and personal practical experience, to subscribe to the dogma "*of generally unsuccessful results of resection of the wrist-joint*," which teachers and authors are advancing, I offer the history of the subjoined case, as a proof that conservative surgery will not withhold her rewards in the recovery of the injured member, if but fairly understood and patiently tested.

Jacob Phillis, aged 50 years, boat builder, of Industry township, Beaver co., Pa., tall and slender, with a nervo-lymphatic temperament, yet healthy, presented himself with caries of the articulation of the right wrist, the result of synovitis. Three months ago, a small splinter of wood entered the vola of the little finger, while he was at work, penetrating the joint between the second and third phalanx, and was soon extracted. Violent, deep-seated, phlegmonous inflammation of the finger, the hand, and forearm followed, the synovial membrane of the wrist-joint becoming involved. He suffered a great deal of pain, with high fever, when abscesses formed in the palm and over the wrist, which, spontaneously opening, discharged a great quantity of matter, with some relief from pain and febrile excitement. The treatment thus far had consisted in cooling lotions and poultices, the arm and hand merely being supported by a straight board, and no improvement following, the patient was directed, on July 30th, 1866, by his medical attendant, who considered amputation of the forearm likely to be demanded, to call on me for advice. I found the whole hand, with the fingers, greatly swollen, red, and purplish, the swelling embracing the forearm exceedingly firm from plastic deposit, and of a brawny color. There was great heat in the member and constant pain, the wrist-joint being loose and full of matter. There were several fistulous openings along the ulnar edge of forearm and hand, down to the metacarpo-phalangean joint of the little finger, and others over the palm of the thumb, leading to tortuous sinuses, which could not be followed with the probe, but which seemed to centre in the diseased articulation of the carpus. His pulse was feeble and quick, face pale and expressive of severe constitutional irritation, and sleep greatly disturbed. The digestive organs were in an unhealthy condition, evidenced by a foul tongue and fœtor oris, and irregularity in the quantitative and qualitative secretion and excretion of fæces and urine.

With the view of evacuating the purulent secretion confined in the joint, not deeming resection indispensable, *then*, on account of the recent state of its diseased action, a free incision was made, while the patient was under the influence of ether, along the ulnar and outer face of the forearm, wrist and hand through the fistulous openings down to the bones, thus laying open the wrist joint, from which matter in considerable quantity was discharged. A probe was now entered and readily passed across the wrist along the volar face of the carpal bones, meeting in the centre of its track bare bone, and being pushed onward its point was felt on the radial edge of the wrist beneath the skin, where, by an incision freely extended upward and downward to the extent of two inches, it was liberated. A tent consisting of a narrow strip of muslin well oiled, being attached to the point of the probe was drawn across the joint by the latter. Free bleeding followed, the parts being highly congested, yet water dressings and pressure were sufficient to arrest it. The hand was now laid and retained by bandages upon a well padded volar

sheet-iron splint, embracing it with its fingers and forearm; the wrist joint being at the same time covered with a lukewarm flaxseed-meal poultice. An anodyne was administered and continued *pro re rata* with nourishing diet, and rest ordered. But moderate reaction followed, with free and healthy suppuration, the swelling and pain of both arm and forearm subsiding. No unpleasant symptom followed, the case on the contrary, by its improved features, not withholding the hope that more severe operative proceedings might be dispensed with. At the end of three weeks the tent, which had been daily renewed, was removed. Immovable rest of the joint by the padded splint and of the whole arm by a rectangular one, supporting humerus and antibrachium, with poulticing were continued, anodynes and a liberal diet being taken, the case went on for some weeks without improvement being manifested. The wounds made by incision, though directed to be kept open by the interposition of lint between its lips, could not be prevented by the patient, who had returned home for a time, from closing, such being the activity and growth of granulations as to force the dressings outward after every application. They closed at last, a small opening only remaining, through which some matter constantly exuded. Some days later, swelling and pain with erysipelatous redness of hand and wrist returning, issues were made over the joint by Vienna paste, kept open by peas, with the view of arresting the further progress of the disease and of inducing, if possible, consolidation of the denuded carpal bones. This treatment was continued for several weeks, with immovable rest to the joint scrupulously persevered in. Improvement, however, did not follow, as the carpus remained hot, painful and swollen, more so at one time than another. New fistulous openings too appeared again along the ulna as high up as its lower third and in the vola of the hand, discharging matter, though but in moderate quantity. The condition of the carpal bones had remained unchanged, as the probe introduced through some of the fistules still detected rough bone, though the general condition of the patient was better than when first seen.

This being the condition of the case, withstanding thus far the rational means of relief, which had patiently been tried, *resection* of the entire carpus was decided on in preference to amputation. An alterative treatment for some days previously was directed, restoring the healthfulness of the secretory and excretory organs, when, on October 14th, 1866, five and a half months after the receipt of the injury, the patient's pulse being good and of moderate frequency, with digestion normal and sleep refreshing, the wrist was removed under the influence of ether, Drs. L. BARBOUR, of this city, and ALEX. H. HEWETSON, of St. Clairsville, Ohio, kindly assisting. A long incision was made along the ulnar edge of the forearm, commencing four inches above the carpus, passing along the wrist and down to the hand, and terminating near the articulation of the metacarpal bone with the first phalanx of the little finger. All the tissues were divided to the bones and detached from them by the knife, bone chisel and fingers, the carpal joint thus being opened. Another incision commencing a few inches above the carpus along its radial or inner edge was carried down over the wrist joint, between the extensors of the hand and the extensor pollicis longus, and over the carpo-metacarpal articulation of the thumb, and penetrated likewise to the bones and into the joint of the wrist. The carpal bones, some of them carious, others matted together by osseous deposit, the os magnum necrosed and detached, were all removed, with the exception of the os trapezium, joining the metacarpal bone of the thumb, which was preserved, by slight touches of the chisel and knife lifting them out of the wound, as well as the lower extremities of the radius and ulna. The articulatory facets of the meta-carpal bones were gouged in order to leave no cartilaginons surface behind likely to interfere with the process of reparation. The proximal portion of the metacarpal bone of the little finger was broken off with the bone-nipper, having been found denuded of periosteum, and rough along its volar face, and the soft parts covering it perforated by several fistules. There was free bleeding of a venous character during the operation, which was arrested by cold water, no ligature being needed. A tent in the shape of a narrow strip of muslin previously oiled, was now drawn across the wrist and retained; a lukewarm flaxseed-meal poultice covering forearm and hand, which were placed upon a well fitting sheet-iron splint well padded, with rest to limb and body enjoined. Ten grains of Dover's powder were administered, to be repeated if occasion should require it. The effect of the anæsthetic was all that could be desired—profound anæsthesia, promptly subsiding, and no unpleasant after-symptoms. He passed a comfortable night, free from pain and undue febrile reaction, and left his bed the next day, feeling too well to be confined. The case progressed as favorably as could be expected. For eight days after the operation, the report mentions that appetite

and sleep were good, functions normal, pulse natural, with moderate discharge from the wound, which looks healthy, swelling of fingers, hand and forearm too having greatly decreased. The same local treatment by warm cataplasms was continued, as well as a nourishing and liberal diet, the seton being renewed daily and the wounds cleansed three times a day by the injection of chamomile tea, while the hand was gently pressed upward toward the forearm, in order to lessen the space made by resection, by bringing the metacarpal bones in contact with the resected surface of the radius and ulna. The tent was removed from the wrist some days after, when the outer wound began to close, the inner one discharging thin yet healthy matter in pretty free quantity. Some days later he complained of being chilly, with a frequent pulse and fever setting in at night, yet there were neither gastric symptoms nor any external changes in the wounds, which would account for the febrile disturbance. Confinement of matter, however, in consequence of the too rapid contraction of the outer wound, which could not readily be kept open, the growth of granulations from the deep inner wound being so exuberant as to force the dressings outward, was the cause of the febrile excitement, which ceased when the pus was more freely discharged by closer approximation of the hand to the forearm, and retaining it in that position by narrow padded sheet-iron splints, which were fitted to the sides of the forearm and hand, with a third one resting upon the upper surface of both. The discharge of matter after that decreased considerably, was of a healthy character, yet an erysipelatous blush appeared along the outside of the arm, the outer wound again opening with gastric symptoms supervening, which were due to the too liberal diet, want of exercise, and to the formation of an abscess along the outer edge of the arm above the wound. Appropriate anti-gastric remedies, and opening the abscess soon restored the system and limb to a healthy condition. Both wounds discharging but very little and all the fistules having closed, the patient left for home four weeks after the operation, with his limb well supported by splints and bandages, spaces being left open for the discharge of matter.

On December 26th, ten weeks after resection had been performed, he returned in fine health, strength and spirits, with the arm apparently sound, the wounds having been closed two weeks previously. There is some motion in the wrist joint, and in the fingers, swelling having disappeared from the member. The forearm measures one inch less than the other. This being the condition of the member, the prospect of eventual usefulness of the wrist and fingers, and at no distant day, is more than flattering. To guard against renewal of irritation in the newly cicatrized joint, the four splints embracing the arm and hand were retained, the hand was kept firmly pressed against the forearm, and passive motion enjoined for the fingers, and the whole hand supported in a sling. These injunctions were strongly impressed upon the mind of the patient, as their neglect might be the means of reëstablishing suppuration, and with it endanger the restoration of the newly well-formed joint.

Success in this case, more rapid than could reasonably have been expected, and forcibly invalidating the established rule "*of unfavorable results of resection of the wrist*," has mainly, as I conceive, been due to the previous preparation of the system—disordered by long continued irritation of disease and mental disquietude—to the speedy resort of resection after the failure of rational means of relief, to the free longitudinal incisions, to the exsection of the entire carpus, with the articulatory facets of the radius and ulna, and those of the metacarpal bones, and to maintaining the wound open by means of a tent across the wrist. All traces of disease thus having been removed, the chance of irritation with profuse suppuration continuing was cut short, and with the resected surfaces in condition similar to those in the shaft of the long bones, when resected or exsected, reparation went on speedily and perfectly, no untoward symptom having marred its progress.

To suppose that partial resection by removal of the carpus without abscision of the lower ends of the radius and ulna, and without gouging the metacarpal bones, would have offered as happy a result, is, theoretically and practically considered, but very doubtful. Hence the failures of partial or incomplete resections, and preference for amputation. If a thorough removal of diseased structures in general, is the "*sine qua non*" of success, complete resection of a joint with its diseased bones, and disorganized ligamentous apparatus included—if decided on—should ever supersede its partial or incomplete ablation, as by leaving heterogeneous tissues in contact, instead of those of a homogenous nature, reparation will be delayed if not entirely prevented.

The direction of the incisions, too, for the removal of the carpus, having been made in the longitudinal axis of the limb, along its lateral faces, and their extent, in consequence of which freedom of manipulation was granted without

disturbing any of the important blood vessels and nerves, and without injuring the tendons, as well as the exsection of the diseased bones of the forearm, with their synovial and ligamentous connections by the chisel, instead of the saw,—whereby less violence was done to the limb, with time of resection greatly shortened—for which purpose the radius and ulna would have to be forced out of the wounds, and more roughly handled, claim not an unimportant share in the eventual success of the operation.

Unwilling to assume undue credit for the happy result of the case, though not a solitary one in my personal experience, and averse to undervalue the exertions of other surgeons who have been less successful, the object which I have in reporting the issue is, that it may serve as an attempt of resuscitating the operation for resection of the wrist joint, and of freeing it from the discredit into which it has fallen, by pointing out to the junior members of the profession, the points most essential for success—viz. preparation of the system previous to the operation, early recourse to it if demanded, entire ablation of the joint with its synovial and ligamentous apparatus by long and free longitudinal incisions along the lateral faces of the limb, and the use of chisel and fingers instead of the saw, for the removal of the diseased bones; openness of the wounds by means of a tent daily renewed for the purpose of facilitating the escape of matter, as soon as secreted, strictest cleanliness aided by frequent ablutions and injections, warmth of the limb maintained by fomentations and poultices, with a liberal and nourishing diet and anodynes, *pro re nata*, and immovable rest, by means of supporting splints, bracing the resected surfaces in close apposition—confident and trusting that thus better results will henceforth be obtained.

The practice of the younger surgeon in resorting to incisions, not sufficiently long to grant him free manipulations, though excusable, as the consequence of timidity and inexperience, is nevertheless deserving censure. Many otherwise well executed operations in his hands, would have been accomplished in less time, and with less disturbance to the system and parts, with speedier and more complete recovery following, than if free cuts in the axis of the limb had been chosen. The rule, therefore, has been and ever will be, to use the knife *freely* in external parts, for the safe, easy and successful removal of the part to be removed, the carpus.

—— It is stated that Dr. E. Brown-Séquard has retired from the practice of medicine.

POISONED BREAD AT WINONA, ILL.

By E. N. Horsford, M D.,

Late Rumford Professor in Harvard University, of Cambridge, Massachusetts.

It will be remembered that in July last, at a hotel in Winona, Illinois, a large number of persons were poisoned by eating warm biscuit at breakfast. The case attracted much attention, from the fact, that a few days before, some forty persons were in a similar manner poisoned at a hotel in Indianapolis; and from the circumstance, that self-raising flour was charged with having produced the poisoning at Winona. The public had not forgotten the bread-poisoning on a large scale in the State of New York, where the metallic lead used to bind the burr-blocks composing the mill-stones, had been abraded and mixed with the flour in grinding. The investigation of the Indianapolis case by Professor Wormley, of Columbus, Ohio, revealed in the sour milk employed, with salæratus, to make the bread light, five and a half grains of tartar emetic and a trace of arsenic, in a single pint. A similar case at Atlanta, Georgia, in which a whole family were poisoned, was traced to arsenic introduced by a servant.

The Winona case was taken up by the physicians and druggists of the place, and prosecuted till they and the victims generally became satisfied that the self-raising flour had nothing to do with the poisoning.* The investigation was renewed by Professor Horsford, of Cambridge, Mass., and the results at which he has arrived are embodied in the following statement.

The hotel kept on hand common flour in a barrel, and self-raising flour in a stone jar, which was from time to time filled afresh, with parcels from the stock of a neighboring grocer. One morning the jar having been quite exhausted, the last traces were brushed out into the common flour barrel. The common flour was low, there being but little more than enough for the batch of biscuit required for the breakfast of the family

* When it is remembered that the ingredients employed to make the flour self-raising, are a simple acid phosphate of lime, and bicarbonate of soda, designed substantially to restore the phosphates of the bran, which have been lost in bolting, it will be obvious that these agents could have had no office in rendering the bread poisonous. The conviction of the physicians and druggists of the town is expressed in the following statement.

"The undersigned physicisns and druggists of Winona, familiar with all the facts connected with the case of poisoning by eating biscuit at the Dillman House in this village, in July last, are entirely satisfied that it was not due to the self-raising flour in use at the hotel.

K. C. Rich, M.D., E. S. Odor, M.D.,
J. N. Hamilton, M.D., T. N. Hill, M.D.,
J. B. Hudson, M.D."

and guests—some twenty persons in all. Salæratus, from a package purchased at the grocer's, and sour milk, from a glazed earthen crock long used for this purpose, were employed to make the biscuit light, the flour being treated as if the whole was common flour. The biscuit produced was poisonous. One of the guests ate a single biscuit crumbled in a pint of cream, and ate nothing beside. He felt instant nausea on rising from the table, succeeded by wretching and vomiting, attended by great suffering and prostration. He experienced no burning sensation in the stomach, which was ascribed to the protection afforded by the cream. His immediate illness was succeeded by suppression of the urine and subsequent diarrhœa continued for several weeks. His general symptoms were regarded by his family physician as indicating poisoning by arsenic, and the treatment in accordance was successful. Others suffered from burning in the stomach and constriction of the throat. Others, but not all, from cramps, and some from convulsions. Some took large doses of emetics to throw off the poison, and these apparently suffered most. While in the majority of cases the feeling of nausea came on immediately after breakfast, in one case it was several hours before it appeared, and then the symptoms were obscured by the supervention of hysteria. Some of the physicians of the town were inclined to believe the symptoms might all be accounted for upon the supposition that tartrate of antimony and potassa had been introduced into the bread. The others thought them indications of arsenic. The only experiment that seemed to point out the nature of the poison, was incidentally made in an attempt to separate the substance, whatever it might be, from the crumb of the biscuit. A quantity of biscuit was digested with rain water for several days in a closed jar, and thrown on a filter. While draining through the filter, the physician who conducted the experiment, was called from home for two or three days; and on his return he found all the flies in his office dead and lying about the funnel and jar and on the floor. The biscuit evidently contained a substance poisonous to flies.* Common fly-paper is saturated with a composition containing arsenic. Experiments on swarms of flies, with paper dipped in water containing arsenic and sugar, were fatal. Similar experiments with tartar emetic produced no ill effect on the flies.

It is greatly to be regretted, that a sample of the biscuit was not sent to a chemist for analysis. Unfortunately after the experiments instituted by the physicians of the village, not a single biscuit was preserved. The flour scraped from the bottom of the barrel, from which the batch for the biscuit had been taken, together with what remained of the box of salæratus, were carefully kept, and samples of both furnished to Professor Horsford. The milk, not being suspected, was thrown away.

The flour and salæratus were chemically examined for *arsenic, antimony, mercury and lead*, without finding a trace of either. Analysis further showed that the self-raising ingredients—acid phosphate of lime and bi-carbonate of soda, which, with the remnant of self-raising flour, had been brushed from the stone jar into the common flour barrel, were present in quantity too small to be recognized by chemical tests. The experiment that had been made with the macerated biscuit and flies, was repeated with the flour made into paste, and continued in confined space for two days, without the death of a single fly.

The meaning of these experiments is obvious. The biscuit produced on men and flies the effects of arsenic. The *flour* from which the biscuit was made, contained *no substance* poisonous to flies. At the time of the event in question, several batches from this particular jar of self-raising flour, and many from the barrel of common flour, sometimes with fermented yeast, and sometimes with salæratus and sour milk,—had been consumed with entire satisfaction. There was on the day previous no poison in either. No carelessness of the grocer, therefore, or of the person who prepared the self-raising flour, had been instrumental in communicating poison to the biscuit. Analysis showed the residue of the flour and the salæratus, alike free from every trace of poison that could produce the physiological effects observed. It remained only to believe that *arsenic had been introduced into the biscuit* through *the sour milk*—as tartar emetic and arsenic had been introduced at Indianapolis, and arsenic at Atlanta. It seems impossible that it could have reached the milk by accident. No preparation of ratsbane, or medicine containing arsenic or antimony, were kept at the hotel. It must have been the work of design. Suspicion rested on a colored boy employed at the hotel.

* The filtrate from the biscuit crumbs digested in rain water was thick and turbid with soluble starch, and gave a faint white precipitate of unsatisfactory character, with nitrate of silver, (chlorine from the salt). No other experiment was made, as it was understood an analysis of the flour was to be undertaken by a competent chemist. It was then supposed that the flour was at fault, but as more careful examination of the facts removed this suspicion, and as all the persons poisoned recovered their health, the interest in the subject lessened, and no chemical examination was made at the time.

He had given offence to the cook, and had been threatened with personal injury if he entered the kitchen. At length, the cook refused to remain if the colored boy was retained, and he was dismissed. He left the village the night before the poisoning occurred,—the hotel keeper placing him on the cars. It is but just to say, that this suspicion is not shared by the family or cook, and that the boy was not known to have purchased arsenic in the village for any purpose.

The result of the foregoing inquiry may be summed up as follows:

1. *That there was substantially no self-raising flour in the batch from which the biscuit were made.*
2. *That poison was introduced into the biscuit, through the sour milk employed with salœratus, in ordinary flour, to make the biscuit light.*
3. *That the poison was introduced by design.*
4. *That the poison was arsenic.*

CASE OF REFLEX PARAPLEGIA FROM DYSENTERY.

By James Brown Burnet, M. D.

House Physician, Bellevue Hospital, New York.

William H. Jones, aged forty-six years, a native of South Wales, was admitted to ward 14 of Bellevue Hospital, on Sept. 13th, 1866. He gave the following history of himself. The members of his family are all healthy. About twenty years ago he suffered from great palpitation of the heart, but the physicians who attended him gave it as their opinion that the palpitation was not due to any organic disease, and treated it with digitalis. He went to Clifton for a change of air, where he soon regained his former health. Since that time he has had several similar attacks, which however readily submitted to treatment. With the exception of these attacks, he has enjoyed good health until about four years ago, when he came to this country, and entered the United States army. In eight months after this he had a severe attack of jaundice, which wast reated with nitro-muriatic acid, and under which treatment he recovered in two months. He was serving at the time he was taken sick, as Apothecary. After his recovery, he performed the duties of Hospital Steward for five months, but becoming weak and emaciated, he was compelled to leave the hospital and come to New York, where he recovered in three weeks, and again became a Hospital Steward, serving at Fort Lyons. About three years ago, he had three attacks of intermittent fever, each lasting about two weeks, and two months intervening between each attack. These attacks were overcome by quinine. A year ago last February, he had another attack of palpitation of the heart, from which he suffered about three weeks. Since then he has enjoyed good health, passing the most of his time in the West Indies, until he arrived in this city, the first of last July. Here he had a very violent attack of dysentery, which exceedingly prostrated him. This attack lasted for about three weeks. One morning, feeling somewhat better, he attempted to arise from his bed, but to his great surprise found himself unable to do so, on account of paralysis of his lower extremities. The left leg was more paralyzed than the right. There was also great numbness in his limbs, and a loss of sensation. This paralysis continued in the right leg for only a week. In the left leg there was merely a very slight improvement. The dysentery lasted for one week after the appearance of the paralysis. When admitted to the hospital, he presented the following appearances: He was much emaciated. His complexion was unhealthy. Tongue was slightly coated. Heart and lungs healthy. His left lower extremity was partially paralyzed, he dragging his foot behind him when he walked, instead of raising it from the floor. The limb was but slightly emaciated, and the power of sensation was but slightly impaired. The temperature of the two limbs was alike. He has very frequently to arise at night for the purpose of passing his urine, which neither contains albumen or casts. The diagnosis was made of reflex paralysis from dysentery, and the patient was put under the use of iron and quinine, and 1-32 of a grain of sulphate of strychnia, three times a day. Electricity and vigorous frictions were used to the paralyzed limb.

Oct. 25th. He is rapidly improving under the above treatment. He is beginning to use his paralyzed limb very well. He was troubled for a time with a tingling sensation along the course of the right ulnar nerve, but this finally entirely disappeared under frictions and electricity.

Nov. 1st. Still continues to improve. Walks well. General health good. . . . Soon after this date he left the hospital to enter upon a position that had been offered him, having nearly entirely regained his normal degree of health.

—— Pension Examining Surgeons.—The Commissioner of Pensions has recently appointed the following examining surgeons of applicants for pensions: Michael Lahmer, Oregon, Missouri; True M. Gould, Raymond, New Hampshire; Joseph P. Root, Wyandotte, Kansas; Henry M. Avery, Morristown, New Jersey.

Hospital Reports.

Jefferson Medical College,
November 24, 1866.

Surgical Clinic of Prof. Gross.

Reported by Dr. Napheys.

Splenic Enlargement.

A——, æt. 35; a laboring man, in the habit of lifting heavy weights. He has been affected for two years. On two occasions he was tapped, but at neither operation was there at the time any considerable escape of fluid, only about two ounces coming off. A few days after the last operation, two gallons passed through the wound. The enlargement of the abdomen is not so great as it was prior to the drawing off of the water. It has increased not more than four inches in circumference during the last six months. Walking over a rough surface gives pain, but a long breath does not. The breathing is much embarrassed. A year ago he was obliged to lie in a semi-erect position in bed; now, however, he can lie with his head low, and equally well upon back and either side. Bowels not regular; sometimes too open, sometimes too costive. Has lost a great deal of flesh. Appetite good; lithic acid sediment in urine; ordinarily passes about three pints of water in the twenty-four hours.

There is a hard tumor on the left side of the abdomen, extending from the ribs down as far as the pubic symphysis, reaching far back into the left iliac region, with a distinct line of demarkation, a rather sharp margin, running to the right of the umbilicus. There is a space for the breadth of a hand, where there is resonance, showing that the intestine is floating. In the right hypochondriac region there is a solid tumor, projecting over into the epigastric region. No special discoloration of the skin is apparent, and no enlargement of the subcutaneous veins. The man never has had chills, and these tumors came on without any assignable cause, excepting that he has been in the habit of lifting very heavy weights, with a great deal of pressure on the part of these weights against the abdomen.

The tumor on the left side is probably nothing but an enlarged spleen, as it occupies the situation in which an enlarged spleen is usually found, as its surface is perfectly smooth, not at all lobulated, and as its edge is sharp, and has the direction of such an enlargement. It does not seem to be an affection of the omentum, which occasionally becomes the seat of morbid formations, especially colloid. Of this variety of malignant disease, Prof. Gross has seen but two examples in this situation; one occurring in a man in Cincinnati, who four years before had had a severe attack of cholera, and the other in Louisville. A portion of the swelling is ascitic, another portion, that in the right hypochondriac region, which is solid, is probably an enlargement of the liver, though it is not quite as solid as an hypertrophied liver ought to be.

Some benefit may be derived from inunctions with the ointment of biniodide of mercury; one part of the ointment to eight or ten of simple cerate, rubbed on once in the twenty-four hours, keeping the surface covered with flannel. Internally, he will take muriate of ammonia; ten grains at first, gradually increased to twenty, three times a day, combined with one-twelfth of a grain of bichloride of mercury.

There must be necessarily, in such cases, more or less doubt in regard to the diagnosis.

Recurrent Mammary Scirrhus.

Mrs. M., æt. 43. She is the subject of cancer of the breast. Removed the breast for her in June. The disease returned, and the affected part was extirpated again in September. It has now once more made its appearance, and for the third time she presents herself for an operation.

Several hard tumors in the region of the mammary gland were removed, and the enlarged axillary lymphatic ganglions were enucleated.

Castration.

Jos. C., æt. 38. He presents himself with syphilitic disease of the testes. He had primary syphilis four years ago. Both testicles are involved, the right to a much greater extent than the left. The affection is clearly syphilitic in character. There is no evidence of syphilis in any other part of the body.

The discharge is excessively offensive. It has been neutralized by means of permanganate of potassa. The patient has been under the use of iron and a generous diet. He has had no pain in the testes, no fever, and there is no material enlargement of the spermatic cord nor any of its constituents. There is but very slight enlargement of the subcutaneous veins. If this disease were encephaloid there would be great enlargement of the subcutaneous veins, so great as to be characteristic of its nature. Both testes are involved, and there is very slight enlargement of the lymphatic glands of the groin, which are other reasons why the disease should not be regarded as encephaloid.

Efforts will be made to save the left testicle by constitutional measures. The enormous size of the fungus, consisting of a very large portion of the substance of the right testicle, renders it impossible to reclaim that organ.

In removing the testicle care must be taken not to cut away too large a portion of the integument, as there is an immense amount of contraction after an operation of this kind, for which allowance must be made. The opposite sound testicle must not be interfered with, neither should the scrotal septum be divided or injured. Precaution must also be taken to prevent hemorrhage, primary and secondary.

The incision was made, commencing near the external ring, and carried down on the inside and outside, so as to circumscribe the morbid mass or fungus protrusion, which was then liberated from its connections. A great deal of water issued when the incision was made. The spermatic cord was then isolated from the surrounding parts, and grasped with a hook to prevent retraction so as to give free access to its vessels. A silver wire was then thrown around it, twisted as in making the ordinary suture, cut off, and then the parts divided below. The silver wire will remain so long as he lives.

There was scarcely any blood lost and plenty of skin left to bring the parts together.

As there is always a disposition to hemorrhage after this operation, it is a good plan to allow the wound to remain open for the space of four or five hours, and then to bring the parts together by means of long pins, so as to approximate the deep surfaces of the wound.

One-third of a grain of morphia was administered immediately, subcutaneously, and the man ordered to be put on a generous diet, with milk punch.

SURGICAL DEPARTMENT OF PHILADELPHIA DENTAL COLLEGE.

CLINIC OF J. E. GARRETSON, M.D.,

Reported by H. L. Gilmore.

Necrosis of Right Half of Inferior Maxillary Bone.

Our first case this afternoon, is the little German boy, seen by you at a previous clinic. When last exhibited, I told you that we could scarcely hope to save his life, so depressed was his general health; since then, however, a great change is remarked. He has been using salt baths daily, living on the best and most nourishing food, drinking lager beer, and taking iron and quinine. The parts have been almost hourly syringed, and the offensive and semi-putrid discharge, instead of passing into his stomach, has been kept washed away and disinfected.

In the treatment of cases of extensive necrosis like this before us, there are three marked indications. The *first* is to keep up the life-force of the patient. The *second* is to insure against deformity, by securing new bone, to replace the dying. The *third*, to get away the dead bone, as soon as nature permits.

The first and second indications are met on a common principle, namely,—constitutional and local tonic, and stimulating treatment. As soon as I see that the death of the circumference of the bone is not to be avoided by that preliminary treatment, which applies to the demands of the inflammation in its acute stage, I at once apply myself to saving the periosteum by a process of enucleation. I introduce tents of cotton and sponge, as rapidly as I can, between the bones and periosteum, which, by their expansion, effect the end desired, hastens necessarily the death of the denuded bone, and preserves for the repair, the osteo-genic power. Here will be found exhibited the necessity for great cleanliness, and not unlikely for local stimulation. Per manganate of potash, from 3 to 5 grs. to the ounce of water, will be found an admirable disinfectant. Tincture of iodine, or the tinct. with a small addition of creosote, is the best stimulant I am acquainted with; I think the latter will provoke the periosteum to effort, when nothing else will, at least this seems to be my personal experience.

As a rule, I think new bone can be made to envelope the old; but there are cases, where such a result cannot be secured. Such a case is the one before us. I have done everything possible for this boy, but there is no attempt at repair. An explanation is to be found of course, in his general condition; he is a very scrofulous subject. His necrosis is the result of an attack of measles. I know of no similar case on record. The removal of the dead jaw must, of course, to some extent deform him, that is, if we are not mechanics enough to invent some antagonising piece of apparatus, to be worn until a cure is effected. If the boy was able to bear a longer drain upon his system, I would leave the dead bone, and continue to try to get the envelope of new bone, but this would not do, the drain must either cease, or the lad must die. The effort to secure new bones could only be a continuance of what I have been doing, and it really would seem as if it were useless to do more in this way, than has already been done.

I cannot learn, with any positive certainty, exactly how long this disease has been going on; the parents say several months, not less than six. I should say, not more than twelve. If you get such a patient cured within a year, you will have managed your case very well. The good rule always being to wait for the reparation of the bone—hastening and advancing the exfoliation by any non-operative means in reason, but never anticipating the natural cure by section with saw, knife, or chisel.

Having then done for this boy all in our power, and having, as the result, a dead half-jaw, and which, from the irritation kept up by its presence, is day by day injuring him, there is nothing left to be done but its removal, and this I will now proceed to effect in your presence.

When I touch the bone with a probe, I recognize it as dead bone. Dead bone has a peculiar feel when struck, it emits a dull leaden sound, has a rough surface, and can be recognized as being more or less necrosed. When, however, the lower jaw-bone is dead, and is not enveloped by a gutter of new bone, it is found held very firmly in its place by the surrounding indurated soft parts. This is oftentimes a source of great deception, leading to the injurious inference that the bone is not exfoliated, and as a consequence, permitting its undue retention. This is the condition in the present case. To satisfy myself, I introduce this delicate hook beneath the bone. In lifting with it, I find the bone yields with a kind of spring, as if I were pulling against cartilage. This satisfies me that the bone is loose, and needs only to be freed from this indurated ring, to be capable of a comparatively easy removal. We will now etherize the boy, and lay this ring open as far as the coronoid process. Not forgetting, however, in our incision, the relation of the internal carotid artery to this process.

Here is the bone. It includes, as you see, both the coronoid and condyloid processes, and the body as far forward as the cuspid tooth.

We will direct one-sixteenth of a grain of acetate of morphia. Leadwater and laudanum to the face, and frequent syringings with medicated water.

Phosphor-Necrosis of the Whole Body of the Inferior Maxillary Bone.

This man I present to you now cured. From his mouth, as you are aware, I have removed all the lower jaw anterior to the rami, and he has no deformity. But here is life-force, and we

have, by the same means as were tried in the case of the little boy, secured a new jaw. When the sequestrum was taken away, it lay in a gutter of new bone; and here, by the way, is a peculiarity; the inferior maxillary bone does not, so far as I have ever seen, become surrounded by new bone, as is the case so frequently with the long bones, but a gutter is formed, in which it lies. Of course, when I removed the old bone in this case, there was no break in the continuity, and of consequence, no falling in of the jaw. He looks precisely like a person who has had the lower teeth removed, preparatory to the insertion of an artificial denture, and I have no doubt that you have many persons in the dental department, looking just like him. The great sinuses on his neck, you see, are entirely healed up, and they began to heal as soon as the bone was taken away. The patient is now looking very well, much better than you have ever yet seen him. And when we consider the exhaustive drain from which he is freed, this is not to be wondered at.

It has been one year since his disease commenced, and it was mistaken for an ordinary periodontitis. The process of exfoliation has occupied a period of nine months. As you are aware, the various tonics have not been stinted in his case. I shall now pass him over to the Demonstrator of Mechanical Dentistry, and have no doubt he will soon be returned to us, looking as good as new.

Medical Societies.

NEW YORK PATHOLOGICAL SOCIETY.

At the meeting of the Society, January 9th, among the specimens presented were the following:

Fibroid Polypus

of the uterus, very large, weighing several pounds, removed by Dr. Cutter from the uterus of a female, who had been suffering for two years from the presence of the growth, which however had been mistaken by other practitioners for malignant uterine disease. The polypus was of firm consistence and had grown so large, that finally a part projected from the vagina.

Ovarian Cyst.

The same gentleman also presented an ovarian cyst, removed by ovariotomy. The case was a simple one, no peritoneal or omental adhesions or inflammation, pedicle entirely free, which was secured to the external wound by silver ligature. Union by first intention followed and the patient is doing well.

Amputation at the Knee-joint.

A specimen presented by Dr. Bauer, showing ulceration and separation of the condyles after amputation of the knee-joint in a boy, for former traumatic injury, led to some discussion on the propriety of amputation at joints in young subjects; Dr. Bauer having suggested by way of inquiry, that cartilages allowed to be exposed, as they necessarily are in these cases, must ulcerate and finally become separated.

Dr. Sands stated his experience in two cases of amputation at the knee-joint in young boys, which were both successful, and where no separation of the epiphyses took place.

Dr. Wood had never seen the glenoid cavity exfoliate after amputation at the joint, though he has operated several times. He was in favor of the operation, and thought it safer not to remove the condyles.

Polypi of the Heart.

Dr. James R. Wood presented for a candidate the heart of an unknown man, apparently a German, who had suddenly died in a station-house. The autopsy showed, beside fatty degeneration of the kidneys, cirrhosis of the liver, pericarditis, and other lesions, the formation of several *polypous growths* in the right auricle and ventricle, fully organized, and *vascular;* the vessels can be distinguished with the naked eye. One of the polypi is $2\frac{1}{2}$, the other $3\frac{1}{2}$ inches in its longest diameter.

Fracture of Femur.

Dr. Sands presented the upper portions of the two femurs, belonging to the same individual, both the seat of fractures at the neck, one several years old, the other recent. The patient had died from a large extravasation of blood over the anterior half of the left hemisphere, the source of which could not be found, but must have been from a superficial vein.

Editorial Department.

Periscope.

Detection of Lung-tissue in the Expectoration of Persons Affected with Phthisis.

At the *Royal Med. Chirurg. Society*, as per report in the *Lancet*, Dr. Samuel Fenwick described in a paper the results of microscopical examination of the expectoration of 100 real or suspected cases of phthisis. His mode was to liquefy the expectoration by boiling it with a solution of pure soda, then placing the fluid in a conical shaped glass, when every particle of elastic tissue falls to the bottom and can be removed and placed under the microscope, as is done in the examination of urinary deposits. In this way he has been able to detect one-hundredth part of a grain of pulmonary structure, after it had been mixed with bronchial mucus; and he calculates that one-four-thousandth to one-six-thousandth part of a grain may be detected in any expectoration that may contain it.

In 13 out of 23 cases in which tubercle was suspected to be in the first stage, lung tissue was found in the sputum. In 7 of the 23 cases, there was no physical sign of tubercle, but its existence in the lung was suspected from general symptoms only; and in the expectoration from these there was no pulmonary tissue. In 16 cases, there were stethoscopic signs, leading to the belief that tubercle was present; and in 13 of them elastic fibre was found in the mucus coughed up.

In 24 cases in which auscultation and percussion indicated softening of tubercle in the lungs,

pulmonary tissue was present in the sputa. In 15, the physical signs were of a doubtful nature, and 7 of these presented microscopic evidence of ulceration of the lungs.

In 35 cases, the stethoscope indicated cavities, and in all these there were fragments of lung-tissue in the expectoration. In two cases, the author had diagnosticated enlarged bronchial tubes, and in neither of them was there any appearance of elastic fibre in the sputum. In 69 cases he counted the numbers and size of the fragments of lung expelled. In one specimen, coughed up in twelve hours, 800 fragments were found; and often 50 or 60 fragments were detected, where from the stethoscopic signs alone, no great destruction of lung could have been anticipated.

The proportion of bronchial tubes was least in the stage of softening, and greatest where the stethoscope indicated cavities. The greatest proportion of fragments of single air-cells, was found in the first stage, and the largest proportion of large fragments of lung, where cavities existed.

Treatment of Typhus Fever by Tea.

We have received from its author the reprint of an article published some time ago, in the *Med. Press and Circular*, by THOMAS WRIGLEY GRIMSHAW, M. B., in which a number of cases of typhus fever treated by tea, are detailed. We give the main points of this interesting article.

Tea has been frequently employed in the treatment of fever, chiefly as a stimulant to rouse patients laboring under comatose conditions. Dr. PERCEVAL, in 1818, employed tea for the purpose just mentioned. Dr. CLUTTERBUCK, Dr. GRAVES, and Dr. STOKER have also used it in a similar way, and Dr. KENNEDY at present orders tea as an extra article of diet to his patients in Cork Street Hospital. Dr. PARKES has also recommended extract of coffee with a like object. Dr. PARKES found that doses of extract of coffee, given to fever patients, considerably increase the amount of urêa excreted in the twenty-four hours. The experiments of BÖECKER and LEHMANN have shown that tea and coffee tend to diminish the amount of waste of nitrogenous tissue, which, at first sight, seems to be a contrary result to that obtained by Dr. PARKES. The fact appears to be, that tea and coffee tend not only to diminish the amount of waste of nitrogenous tissue, but also to assist the elimination of the urea already formed by the nitrogenous waste. The result of these observations by PERCEVAL, GRAVES, VIRCHOW, PARKES, and LEHMANN, is that tea and coffee appear to contain many of the qualities required for the treatment of continued fever, especially typhus, the great characteristic of which is the rapid waste of nitrogenous tissue, and some of the most prominent dangers of which appear to be produced by the accumulation of effete nitrogenous particles in the blood. The stimulant properties of tea must not be overlooked, when considering its use in treating fever.

From the power of tea to produce wakefulness, Dr. G., with the exception of one case, perhaps, has experienced no inconvenience. Thirty-three cases, thirty-two of typhus, and one of typhoid fever, are detailed by the author, and the following general conclusions drawn.

Twenty-one cases of typhus were successfully treated by tea, without any other internal remedy of importance; and some of these cases were of a very severe character. One case got a little wine, but not sufficient to be considered as having any effect on the result of the case. Of the remaining cases, one got ten ounces of wine for a few days, but the quantity was immediately lowered; one got ten ounces of wine, for one day only, after which it was quickly reduced. In one case, the tea was found to disagree, and had to be discontinued. In Case 26, only a small quantity, four ounces of wine daily, was given. Case 27 got ten ounces of wine for one day, but it was also rapidly reduced. Case 28 got large quantities of wine, but this was a remarkably severe case. Thus we have six cases treated with wine and tea both, but in most of these cases only a small quantity of wine was given. Four cases got whisky, in addition to the wine and tea, two on account of the peculiar condition of the cases, two on account of complications during the progress.

The cases detailed, although not very numerous, show unusually favorable results in the treatment of fever, only one death having taken place in thirty-three cases. The success attendant upon the treatment is, in the author's opinion, quite sufficient to justify the further trial of tea as a remedial agent in typhus and allied diseases.

The tea was given in strong infusion, in doses of from two to three ounces every two, three, or four hours. Dr. G., at first, thought of using the active principle of tea and coffee, but found it too expensive for hospital practice. He believes that a fluid extract of tea, deprived of its astringent matters, will be found the most convenient and cheapest mode of administering the remedy.

The Relationship of Cancer and Tubercle.

Regarding this interesting subject, Dr. THOMAS WEEDEN COOKE in his work, recently published in London, on "Cancer, its Allies and Counterfeits," and based on extended observations made as surgeon to the cancer hospital says:

"For a long time I had looked upon the occasional combination of tubercle and cancer as a curious coincidence, which did not seem to have any practical bearing upon the inquiry as to the nature of cancer. I had seen syphilis and cancer in the same person in rare instances, and the fact of phthisis being a frequent disease in our climate seemed to make it quite natural, that occasionally our cancerous patients should also be phthisical. I subsequently noticed that adenoid tumors nearly always occur in persons who had phthisical relations; and further, that adenoid tumors sometimes become cancerous. Stimulated by these associations, I have made diligent inquiry, and find, in a very large number of instances, that phthisis exists in the families of most cancerous patients, who have not an hereditary tendency to cancer itself; and that a cancerous parent will often beget children that become

phthisical. . . . If, then, phthisis is found to precede and to follow the evolution of cancer in a very marked degree, and if it be a constant *associate* of tumors which *occasionally* take on cancerous action, *how are we to escape the conclusion* that these two diseased products, cancer and tubercle are *interchangeable creations?* Thus may we fill up the hiatus wanting in the statistics of the hereditary predisposition to cancer, and thus only may we safely and surely build up the theory of the constitutional origin of cancer.

Statistics of Cases of Complete Excision of the Astragalus.

In his lectures on the anatomy and surgery of the human foot, published in the *Lancet*, Mr. Henry Hancock, F. R. C. S, gives the following synopsis of 109 cases of complete excision of the astragalus.

Of these 64 were for compound dislocations, of which five were complicated with fracture; four were for compound fracture; twenty for simple dislocation; ten for disease (caries); one for necrosis; of ten the causes are not stated.

Of the 64 excisions performed for compound dislocation, fifty recovered with good and useful limbs; one underwent secondary amputation of the leg, and recovered; eleven died, of whom one had undergone secondary amputation; of two the results are not given.

Of the four operated upon for compound fracture, three recovered with good and useful limbs; one died.

Of the twenty operated upon for simple dislocation, in four, of whom one died, the bone was allowed to remain for a month; in one the bone remained for nineteen weeks; in seven, of whom two died, the bone was removed immediately; in two the bone was removed for secondary caries, but at what period, it is not stated. In the remaining six the period of removal is not given.

Of these twenty, fourteen recovered with good and useful limbs; three died; in three the results are doubtful.

Of the ten cases performed for disease, (caries), six recovered with good and useful limbs; one submitted to secondary amputation two years afterward, and recovered, one died; in two the results are doubtful.

The patient operated on for necrosis did well.

Of the ten cases the causes of which are unknown, two recovered with good and useful limbs; one died; in seven the results are not known.

So that of the 109 cases, seventy-six recovered with good and useful limbs; two submitted to secondary amputation, one recovered; sixteen died, including one in which secondary amputation had been performed; in fourteen the results are not known.

Is Quinine a Partus Accelerator?

We meet among physicians not unfrequently the idea that quinine given during pregnancy, is apt to produce abortion or miscarriage. This idea, as far as our own experience warrants an opinion, we hold is erroneous. Dr. D. L. Phares expresses the same views in an article published in the *Atlanta Med. and Surg. Journal.* If a woman who is the victim of intermittent fever, has a miscarriage, after the administration of quinine, it does not necessarily follow that the accident was produced by the quinine. The fear of producing abortion by the administration of quinine, has, it is suggested, probably prevented practitioners from giving quinine, thus allowing the disease to continue for too long a period, and finally quinine was given and a miscarriage followed; the latter, in reality due to the intermittent, was erroneously ascribed to the remedy.

Scalds of the Larynx.

In a report on scalds of the larnyx, by Dr. Philip Bevan, published in the *Dublin Quarterly Jour. of Med. Science*, the author advocates treatment of these cases by the rapid exhibition of mercury, in the place of tracheotomy. In addition to four cases, thus treated successfully and previously reported, he now gives five other cases in which the same treatment was adopted with complete success, making a total of *nine consecutive cases* in which the practice has been successful. In reviewing the statistics of tracheotomy for this accident, which is acknowledged to be unsuccessful by Ericusen and Gross, the author finds of thirty-six cases, twenty-five deaths and but eleven recoveries. The reason why tracheotomy generally fails in cases of scalds of the larynx, Dr. Bevan considers to be the almost universal implication of the lungs. Post-mortem examinations have generally shown the rima glottidis sufficiently open for the ingress of air, although the mucous membrane of the larnyx is swollen, red, or puffy. Hence the glottis, though contracted by swelling, is not sufficiently so to be the cause of death by suffocation; and hence too the want of success of tracheotomy. The fatal lesion in these cases, according to Dr. Bevan, is found in the lungs. In all cases where the lungs were examined after death from this accident, they were found gorged or inflamed. In a case where death resulted three hours after the accident, the lungs were found gorged with blood; trachea and bronchi congested and full of mucous; cervical veins and right side of the heart full of blood; in one case there was acute pneumonia, in another the right lung was fixed by adhesive bands, and lower lobe hepatized; in another case softening of right lung and surrounding inflammation round its root, etc. Death then resulting in these cases from disease of the lungs, not only does tracheotomy fail to fulfil any therapeutic indications, but the only logical and rational treatment is rapid and energetic medication to counteract and suppress the morbid action in the lungs. This the author finds in calomel, pushed even up to salivation and green stools until the symptoms subside. At the same time the child's strength should be supported by good chicken-tea, or beef-tea.

—— The New York State Institution, known as the Hudson River Hospital for the Insane, has been located at Poughkeepsie, about two miles north of the city. Dutchess county gives a bonus of $85,000.

Reviews and Book Notices.

Infantile Paralysis, and its Attendant Deformities. By CHARLES FAYETTE TAYLOR, M. D., Resident Surgeon New York Orthopædic Dispensary; Author of Mechanical Treatment of Angular Curvature of the Spine; &c., &c. Philadelphia: J. B. LIPPINCOTT, & Co. 1867. 12 mo. pp. 19.

Specialism is certainly legitimate, if it be scientific; and so long as it adheres, in its course, to sound ethics. The department of *orthopœdia* is as well entitled as any other, to special study and practice; requiring as it does, inquiry into cases comparatively infrequent, and demanding mechanical ingenuity in treatment.

Dr. TAYLOR'S work is well written, and instructive. His topic is that form of paralysis peculiar to the growing period; from six months to four years, and again, from ten to fourteen. It is marked by the entire absence of reflex excitability of the muscles, and great diminution of their capiliary circulation. The only satisfactory explanation of its origin is believed to be, that it is "nearly, if not wholly, due to the diminished capillary circulation rather than, as in some other forms of paralysis, to the direct influence of a lesion in the brain or spinal cord." *Paresis* is what HANDFIELD JONES would call it; and deficient nutrition and *development* of the *nerve-centres* is its probable cause. It is most common among the rich; and, in Dr. TAYLOR'S view, may be not unfrequently ascribed in this country, to excessive brain-tension, impairing the organic energy of reproduction.

For some time, at least, the general tendency in this form of paralysis is described as being towards recovery. If this be complete, it generally takes place within a few weeks or months. "Contractions" of muscles attend it, often quite early. Dr. TAYLOR asserts that they are really only *mechanical shortenings* of the muscles, from their attachments being from a length of time, brought nearer together. It is not an *irritative* or *spasmodic* contraction that occurs. The greater the degree of paralysis, the more decided the shortening. And lengthening also happens, from weakening in the muscles which oppose those which are so shortened. The difficulty of treatment consists "much less in relaxing the shortened muscles than in giving tone and strength to their antagonists, the lengthened and weakened ones." *Position of the limbs* is therefore, alone, enough to cause deformity in cases of infantile paralysis. In bed, the drooping of the toes promotes *talipes equinus* in this mode. When the patient sits much, shortening of the flexors of the legs and thighs goes on. Standing and walking lamely, favors, according to circumstances, *talipes varus* or *valyus*.

Dr. TAYLOR declares all these deformities to be *preventable;* which is, of course, infinitely better than their cure, even if that were certain, the measure of prevention is simply, not to allow any of the enfeebled muscles to be subjected to strain by over-exertion, or to prolonged shortening from position.

In *treatment*, besides favoring, especially by hygienic means, the recuperative efforts of nature, the muscles are to have given them opportunity to act *within their capacity*, whatever that may be. Thus the development of the overstretched muscles is advanced; making them to overcome the resistance of the shortened ones. Tenotomy and mechanical appliances are only means to this end. Our author gives good specific directions, with illustrative wood-cuts, of the different forms of apparatus which he prefers. The exact adaptation of the force used to the condition of the impaired muscles, seems to be the great point.

Heat is used as a valuable therapeutic agent by Dr. TAYLOR. He prefers dry to moist heat, according to the following method: "Parents are directed to prepare a screen large enough to protect the whole body of the child. This is put before the fire, and the patient is placed behind it. Its legs are thrust through and placed on a bench very near the fire, where they are kept for hours at a time. The heat should be kept from the child's head and trunk, as we want not only positively but relatively high heat. A still more effective plan is to place a gas-stove in a wooden box, one side of which is curtained with a piece of cloth having holes, through which the feet and legs are thrust into the box, where they are subjected to any degree of temperature desired."

This reminds of the *sun-bath* of Dr. DIO LEWIS.

Alcoholic Dressing for Wounds.

A few years ago M. NÉLATON adopted dilute alcohol as a dressing for wounds, surgical and traumatic; and since that time the practice has extended considerably, with results said to be highly satisfactory. It is stated to have a strong tendency to the prevention of erysipelas and pyemia. The strength employed is that of dilute alcohol of the U. S. Pharmacopœia. We have long been in the practice of using it in a more dilute form, not only in wounds, but in ulcers, with good results. As a popular application to small and superficial wounds there is nothing better than laudanum. It allays the smarting and promotes the healing.—*Pacific Med. and Surg. Journal.*

Medical and Surgical Reporter.

S. W. BUTLER, M. D., *Editor and Proprietor.*

PHILADELPHIA, JANUARY 19, 1867.

DECREASE OF POPULATION IN FRANCE AND NEW ENGLAND.

The proposition of the Imperial Government of France to increase its army, has given rise not only to very serious political discussions, but has brought to light some very interesting statistical facts regarding the growth of population of that country—facts which would show that the "great empire" has for years been undergoing a process of decay, which is a very serious obstacle to further political and social progress.

The main fact, thus brought to light, is that there has been a steady decline of growth of the population of France, as compared to other European nations; and so marked has been this decline, that a Paris journal expresses a fear that the period will soon arrive, when the annual increase of population will be insufficient to balance the loss by mortality. The average number of offspring from each marriage in France, at the beginning of this century, was for the Provinces *five*, for Paris *four*. The proportion has sunk to *three* and *two* relatively. The mortality of children in France, during the first year of life, at present is twenty per cent. The following table shows the decrease of population most markedly:

Year.	Population.	Decennial increase.	Yearly increase.
1821	30,461,875	———	———
1831	32,569,275	2,107,350	0.69
1841	34,230,178	1,660,053	0.59
1851	35,783,170	1,552,992	0.45
1861	36,717,254	935,084	0.26

The annual increase has thus declined from 0.69 to 0.26. Great Britain, on the contrary, has increased its population, since 1821, from 20,000,000 to 30,000,000, in spite of the numerous emigration, especially from Ireland. The Germans are also a much more emigratory nation than the French, yet in Prussia, the natural increase of population (not taking in that resulting from political annexation) has been 0.82.

But aside from the annual decrease of the number of births in France, a decline is shown in physical strength and stature. According to the recruiting lists during the years 1816—20, when the population had not yet reached 30,000,000, the number of young men inscribed annually was 290,000. At present, with a population of 37,000,000, the number inscribed, according to the same ratio, should reach at least 348,000, but there are only 310,000. Thus, while the population is yet increasing 0.20, the number of young men, from 20 to 21 years of age, remains nearly the same.

These facts, as published by the New York *Belletristisches Journal*, in a very reliable correspondence by Mr. Blind, of London, are interesting to the student of social science and ethnology. What are the causes of this decline? The fact that the average of births to each marriage is so markedly lower in Paris, shows conclusively that city life, city habits, city luxury and effeminacy exercise a deteriorating influence upon the propagation of our race. Not only is infant mortality, beyond comparison, larger in the city than in the country, but the marriages themselves are less prolific. And this, we fear, as is also, unfortunately, the case in our large American cities, and particularly among the native population, is due, not so much to physiological reasons beyond control, *as to artificial means employed to prevent increase of our race.*

The decrease of the native population of New England has recently been pretty fully discussed. The astounding fact has been established, that were it not for the constant influx of foreign emigrants, the population would scarcely hold its own. In an article republished in the *Boston Med. and Surg. Journal*, from the *N. Y. Observer*, the following figures are given of an inland town in Massachusetts, which has been occupied by six generations. The first generation had an average to each family, of 9.50 (9½) children; the second, 7.31; the third, 7.69; the fourth, 7.25; the fifth, 4.90; and the sixth, 2.84. We might quote statistics upon statistics, showing the same tendency to decline among the native population.

The writer of the article in the *Observer*, quoted above, says: "What cause, or what causes could ever possibly bring about such disastrous results? Is it war? Is it pestilence? Is it famine? Is it disease of any kind? No; the whole explanation may be summed up briefly under two heads: 1st, the *physical degeneracy of females;* and, 2d, the settled determination among a large portion of those in married life *to have no children, or a very limited number.*" It is gratifying that the non-professional press are taking this matter up and setting it in its true light. As total reform of female education must precede a total reform of social habits and social life, before this alarming tendency to decay can be arrested, American females must be educated more as *women*, and less as *ladies*. The absurdities and follies of extravagant fashion must be

made to give way in the female mind to an understanding of the duties and the realities of life. If we wish "Americans to rule America," as has often been grandiloquently exclaimed, we must at once begin, before it is too late, to educate American women to *breed* Americans. The evil will not be remedied until they cease to consider children incumbrances.

STATISTICS OF HOSPITALS FOR THE INSANE.

It is a pity that the medical superintendents of our various hospitals for the insane, easily as it might have been done through their association, have not long ago adopted some uniform system of statistical tables, from which the main facts and data as to insanity in the country might easily be deduced. A few simple, uniform tables embodying the causes, forms, course and results of treatment, and mortality, given with each annual report, would be but slight additional clerical work, while the facilities which the plan would offer to comparison, and analysis, would be inestimable. As it is, the annual reports before us for 1866, form, as a whole, a chaotic mass of details without system, often deficient, from which it is impossible to glean a satisfactory general summary.

In five of the largest institutions of Pennsylvania, New Jersey, Maryland, Connecticut and New Hampshire, the total number treated during the year was 2777,—1371 males and 1406 females. The number of *recoveries* was 389,—175 males and 214 females. Total of *deaths* 209,—105 males, 104 females. We have thus a per centage of recoveries of 14; of deaths 7. These recoveries only include those which were *complete*. Partial recoveries and improvements are not included.

In regard to the previous occupation of the patients, the Report of Dr. STOKES, of the Mount Hope Institution, near Baltimore, shows among 285 male patients the following, as the most frequent: Merchants 61, clerks 45, farmers 30, laborers 29, tobacconists 11, physicians 9, clergymen 8, lawyers 6, seamen 7. Other occupations are but slenderly represented.

Dr. JOHN S. BUTLER in the report of the Hartford Retreat for the Insane, gives the occupations of 1518 males, admitted to the institution since 1843, and of 1865 females. We quote only the larger figures: Farmers 443, merchants 121. day laborers 118, clerks 67, students 43, mechanics 39, carpenters 35, schoolboys 35, lawyers 32, shoemakers 32, physicians 27, teachers 25, book keepers 22, seamen 21, painters 18, blacksmiths 17, machinists 16, clergymen 13, cabinet-makers 12, tailors 11, weavers 11, speculators 10, soldiers 10, etc. Of females: domestic pursuits 1,261, domestics 112, teachers 83, seamstresses 60, factory girls 43, schoolgirls 38, tailoresses 22, milliners 17, etc.

The same gentleman gives the following table of *supposed causes of Insanity in 4543 cases, admitted since the opening of the Retreat, without distinction of sexes:*

Ill health	838	War excitement	14
Intense exertion	361	Erroneous education	13
Intemperance	289	Use of opium	13
Religious excitement	226	Jealousy	9
Grief, loss of friends, etc.	225	Fear of poverty	8
Masturbation	176	Home sickness	8
Domestic unhappiness	174	Change of habits	6
Puerperal state	159	Sexual indulgence	5
Perplexities in business	109	Malformation of brain	5
Disappointed affection	107	Mesmerism	3
Epilepsy	76	Sun stroke	3
Paramenia	46	Apoplexy	2
Injuries of the head	43	Disease of heart	1
Turn of life	35	Chorea	1
Exposure of various kinds	34	Slander	1
Paralysis	31	Ridicule of shopmates	1
Fright	23	Self-indulgence	1
Spiritual manifestations	21	Necrosis	1
Fever	21	Wakemanite excitement	1
Repelled cutaneous disease	20	Political excitement	1
Use of tobacco	20	Measles	1
Disease of brain	18	Fumes of charcoal	1
Want of sleep	18	Grahamism	1
Millerism	16	Exposure to quicksilver	1
Disappointed ambition	15	Unknown	1327
Bodily injuries	14	Total	4543

It appears from this table that of the supposed known causes 2263 were *physical*, and only 953 *emotional*. And of the latter, how many are really to be considered causes of insanity? Religious excitement (226), grief (225), domestic unhappiness (174), etc., etc., etc., may, in many cases, have *accompanied* the first visible outbreak of mental disorder, but we do not think that these emotional excitements can, even in the small ratio given, be considered causes of insanity. This whole subject is yet in the dark, and Dr. STOKES well remarks in his report:

"Thus far, in the study of this mysterious malady, scientific men have only been able to play upon the surface, to gather a few pebbles from the shore of a boundless ocean beyond. All agree, that no fixed determinate pathological lesion characterizes the diversified forms of mental disorder. We only know, that whatever form of mental aberration exists, it always depends upon some physical lesion of the brain and nervous system. But what is the precise seat, and exact nature of this lesion, whether the nervous centres are primarily affected, or whether some remote organ sympathetically disturbs the normal working of the mental powers, are problems difficult of solution, and requiring, in each particular case, careful consideration and study."

Regarding *intemperance* as a cause of insanity, the same gentleman remarks:

"*Intemperance*, it is seen, holds a prominent place amongst the causes. To this vice, twenty-nine cases were clearly attributable. In this

number, are only included those attacks of the more *ordinary forms* of insanity produced by it. Those cases resulting in mania-a-potu and oinomania, comprise other distinct classes. There can be no doubt, that intemperance enters much more extensively into the causation of insanity than is represented by this number. To this wide spread and pernicious habit, might safely be ascribed many of the cases set down to other causes. For instance, in how vast a proportion of those cases believed to have orginated from ruined health, from loss of property, from domestic difficulties, and from a thousand other sources of mental anxiety, might not intemperance be considered, with entire justice, the grand original cause of the whole evil?"

The universal complaint in the reports of almost all our public institutions for the care of the insane, is want of room, and the overcrowding of patients as a consequence. It is estimated that our public hospitals for the insane, at their utmost capacity, can accommodate but one half of the insane in the country,—even less perhaps. Hence the county almshouses are peopled with this unfortunate class, without adequate bodily and moral care, and with no idea of curative treatment. This state of things the profession should lend its earnest help to remedy.

CRIMINAL ABORTION AND SYMPATHIZING JUDGES.

A remarkable instance of criminal abortion, showing how lightly this crime is sometimes judged by gentlemen occupying the bench, happened a short time ago at Providence, R. I.

A young girl, single, expecting soon to become a mother, comes to Providence, and seeks relief at the establishment of a man by name of Mattison, who, it seems, carries on an abortion institute in Union street of that city. She is told that the fee is one hundred and fifty dollars. Not possessing the amount, she steals it from her employer, returns to the den of murder, where the crime is consummated. Detectives meanwhile are on the track, and finally she is arrested. Upon her evidence search is made, the remains of the slaughtered child recovered, and convincing proof brought before the Grand Jury,—sufficient to cause an indictment against the keepers of the abortion establishment. Public excitement runs high, and everybody expects the villains to be dealt with according to the full measure of the law. But now two of the culprits retract their pleas of not guilty, and by a *kind and sympathizing Judge* are fined only $350 and costs each, without imprisonment! Three or four new slaughters, at $150 apiece, will make up the loss. What perversion of the moral sense must possess a judge who so mistakes his duty.

Notes and Comments.

Medical Department of the Army.

We are glad to know that satisfactory progress is being made toward getting out the medical and surgical history of the late war, the first volume, with its magnificent illustrations, being about ready for the press. The profession are under lasting obligations to Surgeon-General Barnes, for persevering with this great work, in spite of the failure of Congress as yet, to make the necessary appropriation for its publication. It will be, when completed, the grandest contribution to medicine and surgery extant, and we trust that Congress will not fail to make the necessary appropriation for its completion. Even if it should fail to do so, however, we believe the Surgeon-General will find the means to complete a work of so much importance to the medical profession, and to the world.

Percentages on Prescriptions.

The *American Journal of Pharmacy* has some excellent remarks, reprehending the practice of physicians and apothecaries offering each other and accepting a per centage on prescriptions. The practice, which we have reason to believe, prevails to a considerable extent, is an outrage, and those guilty of it should be promptly and decisively *put down* by members of both professions.

The remarks of the *Journal* were based on the following circular that came into its hands:

"*Confidential.*

"Dr. ———. *Dear Sir:*—Having recently located myself at ——— street, as practical druggist and pharmaceutist, I would most respectfully solicit your patronage. With an experience of ten years at the head of the prescription department, I trust by the strictest CARE AND DILIGENCE to merit your favor.

"Feeling a desire to make my establishment a permanency, and owing to the great competition I may have to contend with, I beg leave to offer you a commission of ten per cent. on your prescriptions payable monthly. Sincerely hoping that this proposition may not meet with your disfavor, I am, very respectfully,

"Your obedient servant,

"——— ———,

"*Philadelphia, Nov.*, 1866."

The first paragraph is well enough, but the last is dishonorable to the party making it, and an insult to the one to whom it was made.

The *Journal* further remarks:

This is not the first time we have seen a missive of this character, though it but rarely happens that the apothecary has so mistaken the general temper of physicians as to approach

them in this palpable form. In another instance, twenty-five per cent. was offered as the inducement to the physician to part with his self-respect. On the contrary, the proposition sometimes comes from the other direction, and it is the apothecary who is applied to by the physician. In either case, it is a direct temptation to the sin of coveteousness—urging the physician to prescribe more frequently and expensively than he otherwise might think necessary, and urging the apothecary to overcharge the patient, that he may retain his usual profits.

However this may be, it is all wrong, and an insult either way to honorable members of either profession, and should be discountenanced by them both. Let the writer of the above missive take the beaten path to success in pharmacy, by meriting success on the score of excellence in dispensing, both as regards the quality of his drugs, the perfection of his preparations, and the neatness of his dispensing; and with a reasonable amount of patience and enterprise, he will much sooner succeed than by perilling his reputation by such offers.

Correspondence.

DOMESTIC.

A New Topical Remedy in Erysipelas.

Editor Medical and Surgical Reporter:

Of late years I have treated erysipelas locally as follows: Under almost all circumstances I paint the parts with the tinct. ferri. chlor., until they assume the color of carbonate of iron. To produce this shade, it will require at once about six applications or coats. This is repeated morning, noon, and evening, in very serious cases, otherwise two or one application daily will suffice. It is diluted with water about one-half or more, when applied to denuded parts the first time; thereafter I use it of full officinal strength. In applying it when there is a great tendency to spread, I not only include the sound skin a few inches beyond, as generally taught, but paint over at once the whole of the limb or parts. For instance, if it be a leg attacked, I would paint over the whole up to the knee or pelvis. In the face, I apply it over the half, or whole, up to the margin of the hair. By doing this we certainly do no harm, but may gain greatly in checking the progress of the disease during the night time when the patient is least cared for. The blisters as soon as formed are punctured, and the tincture applied immediately to the collapsed cuticle in full strength. The stained skin after recovery will peel off in a few days of itself, and not injure the appearance of the parts.

The balance of the treatment I vary to suit the particular symptoms as they appear. The parts affected are kept covered or exposed, elevated or lowered, as may suit the comfort of the patient. If they are so tense as to prove painful, I find that rye flour mixed with lard to the consistency of thick dough, the best application. This is changed as it becomes heated. Otherwise I use no poultic, emolients or any other moisture to the parts, as they certainly aid in raising blisters and causing ulcers to form, thus proving injurious. This I consider an established fact. The constitutional symptoms are attended to on general principles, relying on iodide of potassium, as certainly the best of all internal remedies we know of at present. I give it in syr. sarsap. in doses of x., xv. and xx. grs. every three or four hours. In serious cases, where the face or scalp is involved, I give it every half hour in scruple doses as long as danger is apprehended. Not having heard or read of the tinct. ferri chlor. being used as described above, I give this information in order that others may give it a fair trial, and test its merits as a local remedy in said complaint.

I have used it in preference to any known remedy these last eight years, and must say that it has proved very useful. I presume the tincture acts by destroying the cuticle, thus preventing the spreading of the disease.

L. B. Balliet.

Unionville, Lehigh co., Pa., Jan. 1, 1867.

Tænia Treated by Pumpkin Seed.

Editor Medical and Surgical Reporter:

Knowing that tænia is of uncommon occurrence in this part of the country, I put the following case at your disposal:

Subject, male, æt 18. Symptoms, wakefulness, constant spitting day and night of large quantities of slimy matter, severe gnawing pain in the epigastric region, relieved almost instantly by eating; appetite irregular, nausea, furred tongue, fetid breath, costiveness, sight affected, complained of seeing double; lastly, passing of joints of the worm.

Treatment. Patient being very much emaciated, weak and unable to undergo necessary treatment, prescribed nourishing food and a tonic of

℞. Quiniæ sulph., ℥ss.
Tinct. ferri chl., f.℥j. M.

Sig. 20 drops in water after each meal; kept bowels open with ol. ricini. Continued treatment two weeks; allowed no supper, gave at bedtime, hyd. chl. mit. gr. x. As soon as patient awoke in the morning gave of the stripped seed of cucurbita pepo ℥ij., made into an emulsion

with sugar and water; at nine o'clock gave ol. ricini f.℥i. At five P. M., passed about five feet of tænia; in an hour passed about eight feet more, it has now been about fifteen months; patient is perfectly well and strong, no more symptoms.

M. V. Culin, M. D.

Delaware City, Del., Dec. 24, 1866.

Metallic Spectacles.

Editor Medical and Surgical Reporter:

Sir:—Having read the article in the Reporter of Dec. 8th, entitled "metallic spectacles," as found useful in photophobia, and having noticed similar articles in other journals, I was induced to try the experiment. Upon the glass of pale-blue goggles, I penciled the thinnest possible coating of boiled linseed oil. When nearly dry, I overlaid with gold-leaf, polishing it down in the usual manner.

Through this, the direct rays of the sun were *not* pleasant to my sensitive retina, notwithstanding the obscurity produced was nearly total. Even after the coating had been polished, until it was nearly removed, it was impossible to distinguish objects through it in a well-lighted room.

Will any one who knows, please point out why this experiment was a failure, and oblige,

M. De Forest, Jr., M. D.

Middlebury, Conn., Jan. 9th, 1867.

News and Miscellany.

Dr. Gunning S. Bedford's Works in Foreign Countries.

The two works by this distinguished American author have been received with great favor by the profession, both of his own and foreign countries. The one on Diseases of Women and Children is now in its eighth edition, and receives many notices from foreign journals similar to the following, which must be very gratifying to an American author:

"Dr. Bedford's book is worthy of its author, a credit to his country, and a valuable mine of instruction to the profession at large. We are quite sure that it will be a welcome addition to professional libraries in Great Britain as well as America."—*Brit. and For. Med. Chir. Review.*

"We were actually fascinated into reading this entire volume, and have done so most attentively; nor have we ever read a book with more pleasure and profit. There is not a disease connected with infancy or the female system, which is not most ably discussed in this excellent work."—*Dublin Quarterly Journal of Medical Sciences.*

"A careful perusal of Dr. Bedford's book has led us to believe that its value will continue to be acknowledged, and the author recognized as a most able and acute practitioner of medicine The work is of the most practical character everything is made to tend toward the relief and treatment of disease, and remarkable skill is shown in quickly arriving at an accurate diagnosis. To get at once to the point, is the pervading characteristic of the author's teachings." "We cordially recommend it to all practitioners and students of medicine."—*London Lancet.*

"It is to be regretted that we have not more such books in Great Britain."—*London Medical Times and Gazette.*

"The style of the author is very graphic. The book not only proves Dr. Bedford to be a sound physician and an excellent clinical teacher, but it also affords evidence of an extensive acquaintance on his part with the literature of his subject on this side of the Atlantic."—*British Med. Journal.*

Similar notices of the work on Obstetrics also appear in foreign journals. The terms of approval are full and hearty.

"It was with considerable interest that we opened the imposing volume which Dr. Bedford has given to the world. It has cost its author many an hour of thought and toil, which would otherwise, perhaps, have constituted the leisure of a busy life. The fact particularly has struck us much in reading this book—the author seems to think no point too trivial to notice. With great good sense he instructs his readers in matters which are too often discussed in a few words. We have read the work with great pleasure, and as a practical guide is a truly excellent one—perhaps, in this respect, it is unsurpassed."—*Glasgow Med. Journal.*

"The work of Dr. Bedford is, as its title implies, a complete Systematic and Practical Treatise upon Obstetrics, brought up to the existing state of the science, and embracing the anatomy, physiology, signs and diseases of pregnancy, parturition, and child-bed. All these subjects, with the physiological disquisitions arising out of some of them, are discussed. Assuredly, so comprehensive a course was never, perhaps, before given. The volume is evidently the result of much labor and research, and contains a vast deal of information, and that of a recent kind, upon nearly all the subjects connected directly or indirectly with midwifery."—*British and Foreign Medico-Chirurgical Review.*

American authors may not reasonably expect anything more than they deserve from foreign reviewers. Dr. Bedford may consider himself "well used," for they have all fully recommended both of the works he has recently given to the world.—*Buffalo Med. and Surg. Journal.*

—— New York State Inebriate Asylum.—At a meeting of the Board of Trustees of the New York State Inebriate Asylum at Binghamton, on the 9th inst., Dr. Willard Parker, President, in in the chair, all the differences in that institution were amicably adjusted. Dr. J. Edward Turner was assigned his position as Trustee and Corresponding Secretary, and retires from the establishment.

Change of Doctor.

The following extract, which we make from an editorial in a late No. (Nov. 24th) of the *Medical Times and Gazette*, is worthy of consideration both by physicians and patients.

"Patients will from time to time change their medical attendant; they have a perfect right to do so, and the thing cannot be resisted, and ought not to be resented if done courteously. Even the old family doctor, who has attended perhaps two generations in one house, some day finds himself superseded by a younger rival; this is quite reasonable, natural, and inevitable. Patients, too must, so long as human nature is human nature, and so long as anxiety, fear, hope, and credulity operate, desire from time to time to have a second opinion, and it may even happen that the 'second opinion' may be that of a man no way superior to the first attendant—nay, sometimes of a man much inferior in the eyes of real judges. Moreover, a change of attendant, or a consultation, may be carried out not only unreasonably, but brusquely, discourteously, and without due regard to the feelings and professional repute of the displaced practitioner. Under such circumstances, we hold it to be bad policy in the latter, however aggrieved, to remonstrate or make any show of annoyance. It never does any good, and only gives the patient reason to believe in his own importance, and in the heavy loss which the withdrawal of his patronage may occasion. Yet, if the patient is a man of sense, he ought to know that it is against his own interests as one of the public to treat his medical attendant shabbily.

"In many callings, but in medicine more than any of them, there is the greatest possible difference between 'eye service'—that is, the mere mechanical routine of duty, done perfunctorily, for mere pay—and the zealous, watchful, inventive heart service of a man who throws himself with all his powers and all his feelings into the effort to mitigate suffering or save life. It is just that which is above price, and which money cannot buy, which is trampled in the mud by persons who act shabbily to a zealous and conscientious medical attendant."—*Med. News.*

Reduction of Infantile Mortality; French Philanthropy.

The Paris correspondent of the *Daily News*, referring to the subject of infant mortality which has lately occupied the attention of the French journals, gives a striking illustration of the extent to which the excessive fatality of childhood may be reduced by proper attention to the requirements of nature. M. Jean Dollfus, one of the largest manufacturers in Alsatia, was shocked to find that the women employed in his factories lost 40 per cent. of their children in the first year, whereas the average mortality at that age in France is only 18. He came to the conclusion that a main cause of this frightful loss of incipient life was the necessity laid upon the mothers to resume work too soon after confinement, and therefore, with the true grandeur of a merchant prince, determined to pay every woman in his service, who was brought to bed, six weeks' wages, without requiring any work for it. This was three years ago. The result of this philanthropic experiment has been the reduction of infant mortality in the district from 40 to 25. Six other houses have been so struck with the beneficial effects of M. Dollfus' system that they have resolved to adopt it, subject only to a modification—necessary, perhaps, in a commercial point of view, and wholesome as regards the independence of the workmen. Seeing the immense benefit to humanity produced by M. Dollfus' charity, they recommend to all their *employeés* to make themselves participants in the system by a subscription of three sous a fortnight from all women in their factories, between the ages of eighteen and forty-five years. The premium is insufficient to cover the risk, but the masters undertake to make up the difference.

An example so good in every respect is well worthy of imitation in other countries. We need not go to France for instances of children dying in their first year at the rate of 40 or even 50 per cent. Mothers are called away to work long hours in the field or the factory quite as soon after confinement with us as elsewhere, and their infants suffer from just the same causes as moved the kind heart of M. Dollfus.

The plan of establishing a fund from the contributions of the women themselves, to be available for the support of the mother during an enforced abstinence from her work, as being of the nature of an insurance, is certainly preferable to any scheme of mere eleemosynary help; and if the mention of M. Dollfus' success induce any of our employers of female labor to give the experiment a trial, we have little doubt that results equally satisfactory may be achieved.—*Lancet*, Dec 1, 1866, and *Med. News.*

India Rubber Varnish.

That India rubber, dissolved in various liquids, yields a good varnish, is well known; but in general, they are too viscid for delicate purposes, and are only good for making stuffs water-proof. India rubber liquefied by heat, dissolved in oil or coal tar, or drying linseed oil, does not give a varnish of sufficient fluency, or free from smell. Moreover, a considerable quantity of india rubber remains undissolved in a gelatinous state, suspended in the liquid, so that the solution is never clear. Dr. BOLLY has recently published some remarks on the subject, which may be useful. If India rubber be cut into small pieces, and digested in sulphuret of carbon, a jelly will be formed; this must be treated with benzine, and thus a much greater proportion of caoutchouc will be dissolved than would be done by any other method. The liquid must be strained through a woollen cloth, and the sulphuret of carbon be drawn off by evaporation in a water-bath; after which, the remaining liquid may be diluted at will with benzine, and frequently shaking the bottle which contains it. The jelly thus formed will partly dissolve, yielding a liquid which is thicker than benzine, and may be obtained very clear by filtration and rest. The residue may be separated by straining, and will furnish an excellent water-proof composition. As to the liquid itself, it incorporates easily with

all fixed or volatile oils. It dries very fast, and does not shine, unless mixed with resinous varnishes. It is extremely flexible, may be spread in very thin layers, and remains unaltered under the influence of air and light. It may be employed to varnish geographical maps or prints, because it does not reflect light disagreeably, as resinous varnishes do, and is not subject to crack, or come off in scales. It may be used to fix black chalk or pencil drawings; and unsized paper, when covered with this varnish, may be written on with ink.—*Journal Applied Chemistry.*

Longevity.

A question which has long been agitated and argued *pro and con* is, whether the work of the brain is injurious to health, and whether it shortens life. In relation to tais subject, the Paris correspondent of the *Morntng Star* notices that most of the clever men of France reach a great age. Of the members of the French Academy, M. Viennet is 89; M. de Ségur, 86; de Pongerville, 76; Lebrun, 82; Villemain, 76; Lamartine, 76; Flourens, 78; M. Guizot is 79, and M. Thiers 69; Berryer is 74; the Duke de Broglie, 82. The ages of the younger members of the Academy range from 60 to 70.

—— Recovery of Prof. Trousseau.—Some of our cotemporaries were misled by the erroneous cable dispatch, announcing the death of Professor Trousseau. One of them announces an obituary notice as in preparation, and so recently as the 1st inst., alludes to his death. We stated, several weeks since, that his illness was slight, and the *Union Médicale*, of Dec. 4th, says: "The friends of M. Trousseau, and all our *confrères*, will receive with entire satisfaction, the news of his complete restoration to health."—*Boston Med. and Surg. Journal.*

—— Why Not?—We are glad to learn that Dr. Storer's little work—"Why Not?—a book for every woman"—published under the auspices of the American Medical Association, is well received. It should be extensively circulated. It is needed. We wish that a recent communication to the *Boston Medical and Surgical Journal*, by a lady, entitled, "A Woman's View," could be published as an addendum to it.

—— Medical Department of Yale College.—The commencement exercises of the Medical Department of Yale College took place recently at the Medical College. Dr. L. S. Paddock, of Norwich, delivered the address to the class, and Cornelius W. Bull, of New Haven the valedictory address.

The Bennet prize for the best anatomic preparation was given to J. H. Parker and E. W. Ward. The Hooker prize for the best examination for Doctor of Medicine, was awarded to Theobald Bard, of East China, Mich. The degrees were conferred by President Woolsey.

—— Cable-Prescriptions.—The *Lancet* says, amongst the uses to which the Atlantic cable has been put is one which would hardly be anticipated. A correspondent communicates to us a telegram which he received from a patient, who, being seized with a renewed attack of an illness from which he had suffered in this country, and for which he had been successfully treated, telegraphed to his old medical attendant for directions. These were returned by the same channel without delay. This prescription will rank among the curiosities of telegraphy.

—— Novel Mode of Swindling a Physician.—In a report of the Medical association of Moselle, we are told of a case in which a woman refused to pay her doctor for more than one visit. She admitted in court that he had cured her of a severe illness; but said she only sent for him once; if he came oftener, that was his look out. The judge took the same view of the case; and the doctor got for his action an order to pay the costs of it!—*Brit. Med. Jour.*

MARRIED.

Beer—Percy.—In Frostburg, Md., on New Year's day, by the Rev. William R. Sibbett, Henry M. Beer, M. D., of Barton, Md., and Miss Maggie L. Percy, of Frostburg.

Cooper—Strothers.—In Elmwood, Ill., on Christmas Eve, by Rev. J. H. Smith, H. M. Cooper, M. D., and Miss Nannie J. Strothers, both of Xenia, Ohio.

Davis—Newcomb.—In Brooklyn, Jan. 10, by the Rev. J. A. Roche, Henry Davis, Jr., and Clarissa, second daughter of Dr. G. V. Newcomb, both of Brooklyn.

Donges—Renaud.—On the 22d ult., by the Rev. D. Coussirat, J. W. Donges, M. D., of Donaldson, Pa., and Miss R. Marguerite Renaud, of Philadelphia.

Eastman—Wood.—In Millbury, Mass., Dec. 25, in the Baptist Church, Dr. Alonzo B. Eastman, of Wellsboro', Pa., and Miss Frances Ireue Wood, of Millbury.

Griswold—Ney.—At Franklin Grove, Ill., on the 1st instant, by the Rev. Mr. Phelps, Dr. S. A. Griswold and Miss Olive H., daughter of the late David Ney, of Genesee co., N. Y.

Hancock—Stevens.—Dec. 27th, by Rev. S. Weeks, at the residence of Dr. E. B Stevens, of Cincinnati, Mr. L B. Hancock and Josie, youngest daughter of Dr. J. Stevens, of Lebanon.

Hord—Harris.—In Woodford co., Ky., Dec. 4th, Surgeon William T. Hord, U S. Navy, and Miss Ella V., daughter of the late Arnold Harris.

Owen—Willett.—At Flint, Mich., Jan. 1, at the residence of the bride's father, by the Rev. Henry Northrop, J. Augustus Owen, of Chicago, and Miss Maria, daughter of Dr. J. Willett.

West—Douglass.—Dec. 31st, by the Rev. Robert Alexander, Dr. Henry West, of St. Clairsville, Ohio, and Miss Mary J. Douglass, of Belmont co., Ohio.

DIED.

Ackley.—In Camden, N. J., on the 8th inst., suddenly, of croup, Harry W., son of Sallie A., and the late Dr. H. Ackley, U. S. N., aged 11 months and 21 days.

Ellis.—At Washington, D. C., Dec. 29th, Dr. William B. Ellis, Assistant Surgeon in the U. S. Army, late of Brooklyn, N. Y., aged 33 years.

METEOROLOGY.

December,	31.	J. 1,	2,	3,	4,	5,	6.
Wind	N. E.	N. E.	N.	N. W.	W.	W.	N. W.
Weather	Cl'dy. Snow.	Cl'd'y. Snow.	Cl'dy.	Clear.	Clear.	Cl'dy.	Cl'dy.
Depth Rain							
Thermometer.							
Minimum	11°	12°	14°	3°	6°	7°	15°
At 8 A. M.	23	29	24	15	18	20	37
At 12 M.	25	31	27	24	32	38	39
At 3 P. M.	25	32	28	25	32	39	38
Mean	21.	26.	23.25	16.75	22.	26.	32.25
Barometer.							
At 12 M.	30.2	30.4	30.3	30.3	30.3	29.9	29.8

Germantown, Pa. B. J. Leedom.

Medical Society of the State of New York.

☞ The Sixtieth Annual Meeting of the Medical Society of the State of New York will be held in the city of Albany, February 5th, 6th, and 7th, 1867. A full and interesting meeting is confidently expected.

516—18 Wm. H. Bailey, *Secretary.*

THE

MEDICAL AND SURGICAL REPORTER.

No. 517.] PHILADELPHIA, JANUARY 26, 1867. [Vol. XVI.—No. 4.

Original Department.

Communications.

SOME REMARKS ON DELIRIUM TREMENS, WITH CASES.

By Elliott Coues, A. M., M. D.,

Assistant Surgeon U. S. A.

Post Hospital, Columbia, S. C.

There has been a considerable amount of delirium tremens in the command at this post, in some measure, perhaps, owing to the villanous character of the liquid ordinarily sold under the misnomer of "whiskey," and to the facility with which it can be procured, despite our best attempts at disciplinary prophylaxis. From among quite a number of light ordinary cases, readily amenable to treatment, I select, for report, two very severe ones, which are not only intrinsically interesting, as exhibiting different phases of the disease, but which may also tend to illustrate some therapeutic points, touching the case of chloroform internally administered *versus* opium or its alkaloids, which has so deservedly attracted attention of late.

The question is one of first-rate consequence. Witness the frequency of the disease, and its often formidable character; particularly in the military and naval service, where orgies are sometimes conducted with a vigor of determination not ordinarily exercised by civic bacchantes. It is not notorious, that although the majority of cases we meet with will yield to opium in some form, there are many not thus amenable. And if, as there is reason to believe, we have in chloroform an agent potent enough to grapple with these aggravated cases, by all means let the fact be known, and the reputation of the drug be wide-spread.

I have been much interested in the discussion of the subject, which has been carried on, *passim*, in the Reporter; and particularly in the able and lucid article by Dr. E. McClellan. U. S. A., to which I shall presently again refer, and hope the present article may invite other trials of the treatment by chloroform, and provoke additional reports and discussions.

Case 1. Private K. "had been drinking off and on for several days, before he took the horrors," and was admitted to hospital. He answers questions with much rationality, though his memory is confused. Quietly undresses, goes to bed, asks my opinion of his case, and thinks he could eat some supper. There is no mania, no delirium, nor scarcely any tremor, except when he is suddenly spoken to. He is very thirsty. There is nothing noticeably out of the way with the tongue, pupils, skin, or secretions. In fact, to superficial observation, there is little indicative of the violence of the onslaught of the disease, which, in this case, has scarcely had a period of excitement, is now marked by extreme debility, and is of the low, quiet, muttering, "asthenic" phase or type. He "thinks he would be all right, if he could only sleep." Gave morphiæ sulph., gr. ss., every half-hour until effective; as it is after three doses. He sleeps, but uneasily, with frequent muttering and picking at the bedclothes, and occasional startings up; when he timorously and aimlessly examines the bed and its surroundings. Such continues to be his general condition for three days. His appetite has been sufficient, but the assimilative function seems to have been all along inactive, almost inert, and there has been repeated emesis. Nourishment has been given in light concentrated form—beef-tea, milk, etc., in small amount, frequently repeated. The bowels have moved, the bladder has been duly evacuated. The treatment has been morph. sulph., gr. ss., p. r. n. At midnight of the third day, without special premonition, violent delirium supervenes, followed in a few hours by coma, and death at 7, A. M.

Autopsy, ten hours post mortem. On stripping off the calvaria, the dura mater is found to be greatly congested, and of a livid, bluish color; and its vessels so intensely engorged, that in several places they appear to have ulcerated, for very dark blood trickles freely from small openings in several of its larger veins. The vessels of the pia mater are unduly injected. There is moderate sub-arachnoidean effusion; none of consequence in the cerebral ventricles. The red points throughout the brain substance are numerous and conspicuous. The heart is

normal in size and tissue; the ventricles are distended with black blood, and large yellow fibrino-albuminous clots extend from each some distance into the aorta and pulmonary arteries. The lungs seem healthy in tissue, but are collapsed and shrivelled, by no means filling their allotted space in the thorax. The stomach is flabby, distended, not contracted on its contents; its mucous coat gray, studded with bright patches and points of inflammation. The liver is slightly enlarged, somewhat unduly softened, yellowish in color, its cholecyst distended with bile, which has deeply tinged the neigboring parts.

Case 2. Private D. had been drinking continuously for perhaps two weeks, when he was semi-sobered in the guard-house, and made one of a squad sent some fifty miles on detached service. There he re-commenced his debauch, but was suddenly confronted by "the horrors." While being conveyed in the cars to my hospital, he was unmanageably violent, even attempting the life of the officer in charge. But he walked naturally and quietly into my office, and politely requested me, as he took a chair, to dress a wound on the back of his head, from which, he said, the blood was streaming. The supposed wound exists only in that seething cauldron of morbid imaginings whose visible ebullition we call delirium tremens. This is a case of the violent, maniacal, "sthenic" phase or stage of the disease, and it is at a period of high exacerbation. Put the man in bed, restrain him if necessary. Give morphiæ sulph,, gr. ss., every half-hour until effective. Eleven, P. M., three grains have been taken without visible effect. He believes he is dead, and undergoing the punishment of the damned; occupies himself alternately with loud praying and swearing; and piteously begs the imps to leave him alone; twists his body into fantastic contortions; continually essays to get up, but is easily soothed and restrained. His attention can be momentarily fixed, but soon wanders. There is a queer mixture of cowardice and cunning, of timidity and ferocity, in all his actions. Nothing is noticeably wrong with the functions of organs other than the brain, except the profuse sour perspiration. Administer chloroform f.ʒss; no visible effect; a second dose after half an hour; and in ten minutes more the man is perfectly quiet, sleeping naturally. The respirations are very slow, but easy; pulse good; skin moist; and he sleeps quietly till morning. Awakes refreshed, with scarcely an indication of the disease, except a muddy memory, and that peculiar wild and wandering look of the eyes, difficult to describe, but once learned never forgotton. "Feels well, only weak and dizzy-headed." Thinks he can eat breakfast, but shortly vomits what he has taken. Is put upon light concentrated nourishment—a little to be taken very frequently. Continues well through the day; sleeps through the following night with a single dose of morphia, and dresses next morning at the usual time. Is quite rational; and is allowed the liberty of the hospital, which he abuses to clandestinely procure whiskey. At night the disease returns with redoubled force. It requires two men to restrain his maniacal violence; if their vigilance relaxes a moment, he bounds into the middle of the room. The sour perspiration is profuse. He is given four one-drachm doses of chloroform, at intervals of half an hour, with no visible effect but the production of repeated emesis; after which he cannot be coaxed nor forced to take more. It becomes necessary to use mechanical restraint; perforce he is quiet, though sleepless, till morning. At 9 A.M., is quiet and much exhausted; the manacles are removed. Toward noon the maniacal delirium, and preternatural strength return. An attempt to administer chloroform by inhalation is unsuccessful. He is given internally, f.ʒss. of this agent at a dose; but straightway vomits it. Is now given a grain of morph. sulph., at a dose, as a dernier resort. The action of one, or both combined, of these agents, is immediate; he drops into a profound, atropoid sleep, from which it seems doubtful if he will awake. The eyelids are half closed; the pupils firmly contracted; the respirations six or eight per minute; inspiration being slow, long drawn, and with a peculiar loud crowing sound; and expiration shorter, noiseless. He cannot be aroused by speaking or flagellation; and appears moribund—as much, perhaps, from the large dose of morphia, as from the disease. Still he lives on; and the thermometer placed in the axilla, does not indicate the high temperature of the skin, said to prognosticate unfavorably in this and other diseases. Awakes about dusk in the evening; soon sleeps again, and soundly, until morning: when he awakes refreshed and rational; and the disease has been finally mastered.

This patient, for several days, complained of a feeling in his head, which, from his description, I could readily believe to be produced by a condition of the cerebral meningitis, somewhat approaching that observed, post-mortem, in case 1. He also suffered for some time from palpitation of the heart; which I have noticed as a common sequela of the disease in other cases. He quite recovered, and was returned to duty in ten days.

In the first of these cases, morphia proved quite unequal to the emergency as has been seen; and, though I think the case would have terminated fatally under any treatment, it is just possible that chloroform might have been effective. In the second, morphia, at the outset totally failed; and chloroform acted admirably; later, chloroform was totally ineffective; and it remains an open question, whether the final success should be attributed to the one or the other, or to the joint operation of both.

It is universally known and conceded, that in delirium tremens are found two main aberrations from a healthy standard: 1st. A morbid operation of the "thought-function" of the brain; *i. e.* that organ loses its power of rightly resolving perception into conception, and deducing logical conclusions therefrom, as well as of originating healthy ideas; for perceptions are blunted and distorted, conceptions are vague and meaningless, and a host of morbid mental phenomena are engendered. 2d. A total inertness, or at least inactivity of the nutritive function; for though a patient may eat well enough, but very little can be assimilated. These are the main consequences of the action of alcohol upon the brain and stomach respectively; other symptoms, as tremor, etc., are but accompaniments, and of themselves comparatively inconsequential. The resulting therapeutic indications seem patent: first, suspend for a time the thinking operation of the brain; that is, those of its functions which relate to mentality, as contra-distinguished from physicality. Secondly, restore the tone of the digestive and assimulative organs. If these indications can be fulfilled, the whole train of morbid phenomena will generally be soon dispelled.

Sleep is unquestionably and indisputably the medium through which we attain the fulfilment of the first indication, and effect subjugation of the cerebral excitement. If a man with fully developed delirium tremens cannot be made to sleep, he will be likely to die. Some preparation of opium will ordinarily accomplish the desired end, and is the agent usually administered. But sometimes every form of the drug will prove ineffective; and then, unless some other means can be found to aid nature in conquering the disease, there seems small hope for the patient. Evidence is daily accumulating to substantiate the claims of chloroform to some potency of remedial power in this disease, not possessed by any other known agent; and tending to prove that it may eventually wrest the laurels from opium in almost any case of this disease; to the treatment of which it seems, by several of its properties and powers, peculiarly well adapted. Its physiological and therapeutic operation is now pretty well understood, and therefore in a corresponding degree under our guidance and control; and there is no reason for that hesitancy and distrust regarding its use, which is so prevalent. It can kill a man, of course, and that too with marvellous ease; but with ordinary discretion, may be so introduced into the lungs or stomach, as to act both with great power and entire safety.* Chloroform has had to contend against a sort of *noli me tangere* reputation, from which it is high time to rescue it; as well might one inveigh against a long sharp catlin, because, in bungling hands it too can kill!

The second indication,—to restore the impaired or temporarily inert digestive function,—is one, perhaps, of an importance not much inferior to that of the first; but unfortunately, oftentimes does not receive that careful attention it merits; perhaps because the evidences of its presence are unobtrusive, and overshadowed by the violent manifestations of the cerebral difficulty. In this connection I cannot do better than transcribe Dr. McClellan's vigorous and graphic words: "By the constant presence of alcohol, the stomach has lost its tone, and among those in whom the disease occurs but little food is taken at any time, while during a debauch it is almost entirely abstained from. * * Inanition is therefore a serious complication." The length of time that the vital powers will sometimes act solely upon the spur of alcohol is surprising. My brother, Dr. S. F. Coues, of the navy, informs me that he has known instances where men have for two or three weeks taken almost no food at all. When the jaded system can no longer be goaded on, and at last succumbs, is it to be wondered that it is found to be in a state of debility which may fairly be called inanition? Alcohol, at first prime instigator by its presence in the brain, is now only joint operator with the absence of natural nourishment in producing the train of morbid phenomena. If a man has low muttering delirium, and aimlessly fumbles with the bed-clothes, or feels in his drawers for a fancied something, with idiotic persistence, does it not indicate the shallowness and paucity of the sole ideas his enfeebled brain can generate, and point to a corresponding debility and enervation of other functions,

* I think that an overdose in the stomach would most likely be quickly rejected by vomiting. My observations regarding its operation in producing or relieving gastric irritation, are directly at variance with those of Dr. McClellan, in whose hands it has given "prompt relief of nausea, and arrestion of vomiting."—Reporter, xv., p. 133.

particularly that of nutrition? I am confident that the real severity of the disease is by no means proportionate in every case to the violence of its manifestations, and think that oftentimes in the absence of acute delirium there may still be much danger. By all means, let the patient be well nourished, by some concentrated diet, of which a very little may contain much nourishment, for the stomach will rarely tolerate much in bulk. "A very small quantity, very frequently repeated," generally proves a maxim as excellent in practice as it is sound in principle; and one which applies with peculiar force to those cases in which debility is well marked.

Columbia, S. C., Jan. 10, 1867.

BIOGRAPHICAL SKETCHES OF

Distinguished Living New York Physicians.

By Samuel W. Francis, A. M., M. D.,

(Fellow of the New York Academy of Medicine.)

XIII.

Horace Green, M. D., LL.D., etc.

"It was his greatest pleasure to spread his healing wings over every place, and to make every one sensible of his good will to mankind."—*Calamy.*

Dr. Horace Green was born at Chittenden, Rutland County, Vermont, December 24th, 1802; and died at Greenmount, Sing Sing, New York, November 1866, aged sixty-four.

He was the son of Zeeb and Sarah Green, and had four brothers, Joel, Orange, Almon, and Reed, and four sisters, by name, Sarah, Polly, Rhoda, and Laura. On arriving at the age when mental development is permissible, he was sent to the High School at Brandon, Vermont, and subsequently profited by the instructive guidance of Samuel Walker, who presided over the classical school in Rutland. In Nov., 1821, when 19 years of age, he received from this gentleman a certificate of "his qualifications to instruct an English school," which testimonial likewise included the statement, that "his urbanity of manners forbade him to exercise an act of cruelty." Certain necessities urged his immediate efforts toward the great business end of a practical life, so that, much to his regret, he was prevented availing himself of the advantages of a collegiate education. But this did not prevent a laudable recognition of his mental attainments, for in after from Union College, Schenectady; and in 1853, years he received the honorary degree of A. M., was further honored, by having conferred upon him the degree of LL.D., by the University of Vermont, at Burlington.

Dr. Green having decided to become a medical man, entered with zeal upon his apportioned duties; attended faithfully the lectures of the professors of Castleton College, Vermont; and was formally graduated M. D., at Middlebury, Vermont, in 1824. During his labors as a student, he entered his brother's office, and after receiving his diploma he became a partner where he continued to practice six years. Not feeling altogether satisfied with his scientific field of observation, he visited Philadelphia, and there attended two courses of lectures, returning to Rutland, where he followed his profession for five more years. About 1838 he decided to take up his residence in New York city; but before settling down as a permanent practitioner of that metropolis, he desired to add to his already experienced mind, the statistics of the hospitals abroad. So he left America for European ports, and visited England extensively, making a very profitable sojourn in Scotland. He then travelled over to the Continent and spent several months in Paris, where he made it a conscientious practice to visit the principal hospitals daily.

This sojourn abroad proved of great benefit to the doctor's health, and added much to his knowledge of disease. It was so fully appreciated by him, that, in 1851, he made another trip, remaining absent from this country some three months, during which period he passed his time most satisfactorily. While making a careful investigation of the course of treatment in the principal cities of Great Britain and France, and spending a short time in Switzerland, much of his pleasure while in Europe was due to the courteous attention which he secured from the members of the medical profession. And most certainly, no man who has been witness of the perennial kindness of one doctor toward another, when in distress, occasioned by sickness, can fail to acknowledge that no "Brother Mason" does more for his fellow-man, than an honorable member of our glorious profession. Did the community at large, know of the amount of gratuitous work that is accomplished every year by the medical men of our country toward those confined in hospitals; the many weary hours spent at the bedside of afflicted clergymen; or the numerous visits paid—with cheerful countenances—to disabled doctors, demanding for pay but justice and gratitude; the name of doctor, would, very properly, be deemed the true legion of honor in this country!

Dr. Green married Miss Mary Sigourney, daughter of Honorable James Butler, Rutland, Vermont, 1829, and had one living child. By his second wife, Harriet S., daughter of James H. Douglass, Esq., of Waterford, New York, he had

twelve children, four of whom died in infancy and childhood. His widow now survives him and seeks comfort from a heavenly source. Beautiful indeed is religious resignation, associated with a patient waiting for a better world. We did not ask to be born, and we should not ask to die. Pleasing must it be for his surviving family, to remember that Dr. Green was early impressed with the comforts of faith, and the benefit of religion. As early as 1829 he made a public profession of his convictions, and joined the Congregational church at Rutland, Vermont. On coming to New York, he became a professed member of the Presbyterian church in Duane Street, over whose flock Dr. Potts presided in a pastoral way. When this congregation removed to a suitable building in University Place, he was formally elected an elder by the members, and held this position till his death. Dr. Green never smoked, and was opposed to tobacco in all its forms, besides being for a long time a strong advocate of the temperance cause. But he also agreed with Leigh Hunt, that there may be such a thing as intemperate temperance. If any taste occupied his mind when not engrossed with the studies of his profession, it was nature and the pleasures of a rural freedom. Not infrequently during a laborious life, he would retire from his responsibilities, and, wandering amid mountain paths, or by running brooks of freshest water, secure additional luxuries for his table by the use of rod and gun, in the employment of which he excelled as an amateur.

Dr. Green was particularly interested in the diseases of the throat and air passages, and their treatment by what is known as topical medication. This special interest was the subject of close investigation during the last fifteen years of his life. In 1856, he published a report on 106 cases of pulmonary diseases treated by injection into the bronchial tubes, with a solution of nitrate of silver, and was consulted by many persons on the subject.

In 1840 he was duly elected professor in Castleton Medical College, and continued to lecture to the students till 1843. In 1850 he lent material and efficient aid in founding the New York Medical College, and was appointed President of the Faculty and Trustees; holding, also, the responsible position of Professor of the Theory and Practice of Medicine, and subsequently that of Emeritus Professor. In 1854 he associated himself with others, in establishing the "American Medical Monthly," being intimately connected with the editorial department till 1857; after which period he continued to contribute occasional articles till it ceased to exist. Dr. Green resigned his Professorship in the New York Medical College in 1860, at the earnest solicitation of his family, as his health seemed to be impaired by continuous labor.

As a child, he experienced much suffering from severe attacks of headache, which troubled him more or less during the better part of his life, until the last few years. Neuralgia, at times, was the source of much pain; but at an early period he became impressed with the idea that he would die of consumption; and this conviction contributed not a little in causing him to study carefully the diseases of the chest and the best remedial agents for affections of that character. Several of his sisters and one brother died of phthisis; showing that he was justified in his apprehensions. It was a frequent remark of his, that it would be but the traditional fulfilment of an old saying, if he died of the disease he was striving to cure.

In the summer of 1860, premonitory symptoms of disease—attacks of prolonged wakefulness and loss of vigor, becoming fatigued in a short time—began to indicate that the mental activity and physical labors he had undergone were telling on his constitution; but for two years he paid little attention. A friend of the doctor's writing to me on the subject, remarked, that "The exciting events of the war made a deep impression upon his mind, inducing at times great depression, although he never doubted the issue of the contest. It was a great trial to him to be unable to do as his forefathers had done—bear arms in his countries defense; and he had no sons old enough to send to the war."

In 1863, on returning from Washington, D. C., whither he had gone to break up a cough which was troubling him, he experienced a slight attack of paralysis of the left side, accompanied with a general loss of nervous power. The warning roused him to make an effort in his own constitutional behalf. He had gone to bed in very fair health; but on arising in the morning, found it very difficult to walk. He took passage for the Island of Cuba, where he passed the winters of 1863–4 and 1864–5. During his sojourn, there had been such marked improvement that he found himself able to treat many patients who sought his aid. But this renewed power did not last long. The pleasant surroundings of new objects of curiosity and interest, combined with a mild climate, proved but temporarily beneficial; for he gradually failed, becoming feebler and more lame from time to time, though he never lost all power of motion.

His practice gradually became confined to office patients, and in time his visits there even were less frequent, his last being paid only five or six weeks previous to his death. Much of his professional business was carried on by his brother-in-law, Dr. Douglass. Even in his final visit to his library, he gave medical advice to a lady who had come from Philadelphia to seek his aid. But during the last four weeks of his life, he was obliged to remain in bed, not from pain, but incapacity of movement; his principal difficulty being that of "wearisome days and nights," and a general prostration of the nervous system, of which he died on the eve of Thanksgiving Day, conscious to the last, and without a struggle.

Dr. Green's height was 5 feet 11 inches, and his weight, for many years, varied from 140 to 145 pounds.

He was a Corresponding Fellow of the London Medical Society, and member of the American Medical Association, Fellow of the New York Academy of Medicine, and member of the Society of the "Cincinnati."

Dr. Green's published works are:

1. Observations on the Influence of Malarious Atmosphere in the Prevention and Cure of Phthisis Pulmonalis. In New York Journal of Med. and Surg., January, 1840.

2. Effects of Ergota in Parturition, with cases. New York Journal of Med. and Surg., January, 1841.

3. Treatise on Diseases of the Air-Passages. 1846. This work has gone through three editions.

4. Pathology and Treatment of Croup. 1849.

5. On the Surgical Treatment of Polypi of the the Larynx, and Œdema of the Glottis. 1852.

6. Treatment of Epilepsy. New York Medical Gazette, March, 1853.

7. Priority in Medication of the Larynx and Trachea. American Medical Monthly, April, 1854.

8. Some Important Observations on Aphonia, arising from Organic Lesions. Read before the London Medical Society, by its Secretary, at its session in April, 1854, and printed in American Medical Monthly, August, 1854.

9. Remarks on Croup and its Treatment. American Med. Monthly, June, 1854.

10. On the Employment of Injections into the Bronchial Tubes, and into Tubercular Cavities of the Lungs. Amer. Med. Monthly, Jan'y, 1855.

11. Report on the Use and Effect of Applications of Nitrate of Silver to the Throat, either in local or general diseases. Transactions of the American Medical Association, October, 1857.

12. Selections from the Favorite Prescriptions of living American Practitioners. 1858. This work was translated into French.

13. Croup; its Treatment by Cauterization and Catheterism of the Larynx. American Med. Monthly, February, 1859.

14. On the Difficulties and Advantages of Catheterism of the Air-Passages in Diseases of the Chest. Amer. Med. Monthly, February, 1860.

15. A Practical Treatise on Pulmonary Tuberculosis. 1864.

CASE OF ACUTE RENAL CONGESTION.

By James B. Burnet, M. D.,

House Physician, Bellevue Hospital, New York.

J. B. B. aged 23 years, a native of the United States, and single, was born of healthy parents; and there is no known hereditary predisposition to disease in the family. He, himself, had the usual diseases of infancy and childhood, but with these exceptions, has never had any illness whatever, up to the middle of October 1866. At this time he took a heavy cold which seemed to settle in his back. He had considerable pain here, and in about a week, stiffness made its appearance in his lower extremities, and whenever he sat for a long time, his limbs would be so stiff that it was with difficulty he could walk. He attributed these symptoms to muscular rheumatism. At the same time he had an almost constant headache, and his appetite was exceedingly capricious. His bowels were costive, and his urine rather high colored. He felt drowsy; his mind tired easily; and his friends told him that he was growing anæmic, but still he felt no solicitude about himself. The pains in the back, and the stiffness in the limbs still continued. He was occasionally troubled with vertigo. Thus he went on until the morning of Nov., 14th, when, upon arising from his bed, he noticed that his face was considerably œdematous, the puffiness being well-marked about the eyelids. His friends also observed this, and inquired the cause. Being a physician, his attention was at once directed to his kidneys, and upon a further examination of his body, he discovered that his legs and hands were also somewhat œdematous. Upon examination, his urine was found to contain a slight amount of albumen, but no casts could be discovered. His head ached violently, and in the evening he had a severe attack of vomiting. During the night he was very restless; he could not sleep; his bones ached, and he had considerable fever upon him. He was also prostrated from much nervous excitement. In the morning,

his face and lower extremities, were still more œdematous. There was great puffiness about the eyes, and his whole face presented a pale, bloated, and unnatural appearance. His conjunctivæ were slightly congested, and his headache and vertigo increased. His urine—he having passed but five ounces from 7.30, P. M., of Nov. 14th, to 8.30, A. M. of Nov. 15th—was of a very high color, and was found to be loaded with blood, and to contain more albumen than on the preceding evening. Its specific gravity was 1.020. Several careful microscopical examinations failed to detect the existence of any casts. When he arose, his tongue was heavily coated, his skin hot, and his pulse 112, which was increased to 120 by 10 o'clock, A. M. On his way to his residence, which was in another city from the one in which he was taken, he experienced considerable confusion of ideas, and very great muscular debility. The *treatment* immediately commenced, was a hot air-bath, and mustard to the feet. This produced soon a profuse perspiration, which was kept up for about one hour and a half. Five ounces of blood were taken from over the region of the kidneys by means of wet cups. Ten grains of jalap with twenty of bitartrate of potassa were administered, having been preceded by a small dose of calomel and digitalis. This had the effect of freely moving the bowels. The hot-air bath greatly reduced the œdema, but also prostrated the patient considerably. The perspiration had a strong urinous odor. During the night he found it impossible to obtain any sleep. Small doses of spirits nit. dule., were taken, but had no affect. Palpitation of the heart with considerable pain in the præcordial region, soon made its appearance, and was somewhat relieved by the application of strong mustard-plasters and hot bran poultices. Anodyne poultices, were also employed afterwards with benefit. Great dyspnœa also troubled him, with sharp cutting pains through both sides—especially under the free borders of the ribs whenever he attempted to take a long breath. Upon careful examination, no evidences either of pericarditis or pleurisy, could be detected.

Friday, Nov. 16th. Œdema less. Had four more ounces of blood taken from the region of the kidneys, and took another hot-air bath, which exhausted him considerably. Took during the day, about ℥j. of potassæ bitart. Dyspnœa and pain in the chest increasing. Croton oil liniment, rubbed over the anterior part of the chest. Anodyne poultice over the heart. Counter-irritation over the kidneys, is kept up by means of mustard poultices. No sleep was obtained during the past night. Has passed eight ounces of urine in the last 14½ hours.

Saturday, Nov. 17th. About the same; dry cupping over the kidneys. ℥ss. of potassæ bitart. is taken three times a day. No hot-air bath is administered, as he is too much debilitated. Compound iodine ointment, twice a day, is thoroughly rubbed into his chest both anteriorly and posteriorly. His diet consists of milk, arrow-root, toast and cold tea. During the past 24 hours, 13½ ounces of urine were passed.

Sunday, Nov. 18th. Took another hot-air bath, which made him feel worse, and brought on a severe headache. Dry cupping, applications of iodine ointment, and internal administration of potassæ bitart., are continued every day. Mustard plasters are applied to the back of the ears for the severe headache. 12 ounces of urine passed during the last 24 hours.

Monday, Nov. 19. Suffers with much thirst. For this, he is allowed small quantities of ice and cold carbonic acid water. He has had very little fever; his pulse not having much exceeded the normal number of beats in the minute since the first day of his illness. When he felt somewhat feverish, he was allowed small quantities of the effervescing mixture—prepared by mixing carbonate of potassa with lemon juice—which proved exceedingly grateful. His urine was again, to-day, carefully examined, with the following result: color was of a dark bloody hue; specific gravity 1.027; a trace of albumen, less blood than on the previous examination, and two or three blood casts were found. 10 ounces of urine were passed during the last 24 hours.

Tuesday, Nov. 20th. He feels much better. Swelling almost entirely disappeared. Appetite good. Took two seidlitz powders, as the bowels were costive. Good deal of dyspnœa yet, and headache. Also, considerable pain in attempting to take a long breath. On percussion, some little dulness could be discovered at the base of the left lung, but the respiratory murmur could be distinctly heard over both lungs, with slightly prolonged expiration. No rales were to be heard. Lying flat upon the back, was the most comfortable position for the patient. Whenever he attempted to arise and sit erect in bed considerable faintness seized him; and the pains in the sides, were greatly increased by turning in bed, or attempting to lie in any other position than upon his back. 9 oz. of urine during last 24 hours.

Wednesday, Nov. 21st. Has not yet succeeded in obtaining sleep at night. He suffers a good deal with dull heavy pains shooting through his head and temples. His feet are bathed in a hot

mustard-bath, and mustard-poultices applied to the calves of his legs and soles of his feet, and behind his ears. At 5, P. M., he had a slight attack of epistaxis from his right nostril, which somewhat relieved his head, and he became quite comfortable. 11½ oz. of urine during last 24 hours.

Thursday, Nov. 22d. Pain in chest and dyspnœa increased. An oil-silk jacket is now applied to the chest. Last night a little sleep was obtained, and early in the morning he was quite bright and free from pain. Good free passage from his bowels at 12, M. Bowels were again moved during the afternoon. Still he is very weak, and has considerable pain through the head. Slight attack of epistaxis in the evening, which relieved the fulness in the head. Is taking weak chicken-broth. 17 oz. of urine during last 24 hours.

Friday, Nov. 23d. Has passed a poor night. Considerable pain in the head, and oppression on the chest. The pain in the head generally comes on between 9 and 10, in the morning, and passes off as night approaches. More headache in the evening, and another attack of epistaxis, the hœmorrhage always coming from the right nostril. 13 oz. of urine during last 24 hours.

Saturday, Nov. 24th. This was the critical day of the disease. On this day the uræmic poison appeared to make one last desperate struggle for the possession of the patient's frame. He slept heavily through the fore-part of the night, and at 5, A. M., took his beef-tea, soon after which he was seized with violent vomiting and intense pain in the head and eyes. Some photophobia was present, but eyesight was unimpaired. At 9, A. M., vomited severely again. Great prostration now came on. Pulse was natural in frequency, but feeble. Bowels moved at 10, A. M. Vomited four times between 9, A. M., and 2.30, P. M. Pure bile was thrown up. This greatly exhausted him. His feet were bathed in hot water, and mustard-poultices applied over his epigastrium, to his lower extremities, and to the back of his neck. Took five drops of Hoffman's anodyne, with effervescing mixture, at 2.30, P. M., and again at 3. Vomited at 4. At 6, P. M., it was discovered, for the first time, that the patient had lost his sight, and could neither see the face of a watch held before him, nor distinguish the countenances of those around him. His face presented a mottled hue. It would at times become flushed, and then the color would quickly fade away, leaving it of a ghastly paleness. Took lime-water and milk at 7, P. M., but it was not retained. Vomited at 9, P. M. At 9.30, P. M., had an hypodermic injection of about five drops of Magendie's solution of morphia just over the pit of the stomach. At 10, P. M., took three of Fothergill's pills. Immediately vomited, but the pills were fortunately retained. Upon an examination of the chest, it was now ascertained that the right pleural cavity contained a considerable amount of fluid. Iodine ointment was applied to the chest at 11, P. M. Vomited at 11.30. Now he became more quiet. The vomiting ceased. The sense of prostration became less. He took a tablespoonful of iced milk every hour, which his stomach appeared to receive kindly. He also partook of a little dry toast. 21½ oz. of urine passed during the last 24 hours.

Sunday, Nov. 25th. Slept, at intervals, comparatively well last night. Nausea ceased. Good appetite. Dry toast and iced milk continued. Dry cupping over kidneys, and over the posterior part of the thorax on the right side, at 12, M. Great pain in the left eyeball now came on, with severe radiating pains through both temples. Four leeches were applied to the temples, and the bleeding promoted by warm bathing of the parts, at 2, P. M. As the kidneys were not secreting as freely as was desired, and the stomach would not tolerate medicine of any description, flannels saturated with hot tr. digitalis, and spts. nit. dulc., were applied to the abdomen at 3, P. M The pain continuing through the night in the left eyeball, blistering collodion was applied behind the left ear, which seemed to relieve the pain. 19 oz. of urine during last 24 hours.

Monday, Nov. 26th. Better in every way. During the night the pain in the left eye again came on about 3, A. M., and passed off at 8, A. M. Blistering collodion again applied behind the ear. 21 oz. of urine during last 24 hours.

Tuesday, Nov. 27th. Has passed a pretty good night. Good appetite. Is now allowed chicken broth, and a small piece of a bird, which he relished exceedingly. Bowels regular. Strength is returning. Same pain in the left eye came on about the same hour in the morning, (3, A. M.,) and passed off about 8, A. M., just as on the preceding day. 45 oz. of urine passed during the last 24 hours. This was an astonishing increase. The urine was now perfectly clear to the eye, and free from all deposits, having before been loaded with urates.

Wednesday, Nov. 28th. As the pain in the left eyeball and over the eye appeared to partake of an intermittent character, to-day small doses of quiniæ sulph. and gallic acid were administered. Is gaining strength, and was able

to sit up to-day for some time. 42 oz. of urine during last 24 hours.

Thursday, Nov. 29th. Gaining rapidly. No more pain in left eyeball. 31 oz. of urine during last 24 hours.

Friday, Nov. 30th. Up and dressed. 31½ oz. of urine during last 24 hours.

Saturday, Dec. 1st. Commenced to-day with tr. ferri muriat., ten drops three times a day, in a wineglassful of water, taken through a glass-tube. Took a hot-air bath in the evening. 33½ oz. of urine during last 24 hours.

Sunday, Dec. 2d. Still improving. 30½ oz. of urine during last 24 hours.

Monday, Dec. 3d. Took a hot-air bath in the evening. 42 oz. of urine during last 24 hours.

Tuesday, Dec. 4th. Takes iron regularly, and has dry cups applied over his kidneys every night. Occasionally takes a drachm of potassæ bitart. Is living upon a plain, but nutritious diet. Drinks a good deal of milk. Tongue is healthy in appearance, and bowels regular. Skin acts well. Urine still contains large quantities of albumen. 54½ oz. of urine during the last 24 hours.

Wednesday, Dec. 5th. Went out into the open air for the first time since his sickness. 43 oz. of urine during last 24 hours.

. . . From this date, his recovery was most rapid. Counter-irritation was continued over the kidneys, by means of croton-oil liniment and a flannel bandage. His entire body was thoroughly rubbed, morning and evening, with coarse flesh-brushes. He wore woollen under garments of the heaviest description. He took daily vigorous exercise in the open air. Milk was very freely partaken of. Iron was also continued. By January 1st, but a very small trace of albumen was to be found in his urine, it having steadily decreased since Dec. 4th. He was strong and well, and had apparently returned to his former robust state of health.

Hospital Reports.

Jefferson Medical College,
November 27, 1866.

Surgical Clinic of Prof. Gross.

Reported by Dr. Napheys.

Thyroid Dislocation of the Hip-Joint.

Daniel F., aged thirteen. This lad has an affection of the left hip-joint of five weeks standing; caused by a fall of about three feet, striking on the knee. The afflicted limb is longer than the other; the foot projecting at least one inch below its fellow, and the patella being lower in a marked degree, than on the opposite side. The limbs are separated, and the knee of the injured side is flexed, and greatly in advance of the sound one. There is a remarkable depression in the original situation of the great trochanter, which is thrown back from its natural position. He cannot bend his body backward, as under ordinary circumstances. He cannot flex his thigh upon the pelvis, nor extend it so as to bring it in a line with his body.

The patient has a thyroid dislocation of the hip-joint; interesting, because it is the only one of the four dislocations of this joint in which the corresponding limb is elongated; in all the others it is shortened. It is uncommon to have a dislocation at this period of life, in any of its forms. The youngest person Prof. Gross has ever seen affected with dislocation of the hip, was of the age of six years.

There are several modes of reducing this luxation. One consists simply in manipulation, which will be employed in this case. Another makes a fulcrum of the heel of the surgeon placed in the perineum, the requisite degree of extension being effected by grasping the limb at the ankle-joint and gradually carrying it over the sound one. A third method is, to place a square piece of wood, well padded, as a fulcrum, in the perineum, and then bring the limb across it, so as to throw the head of the bone out of its unnatural position into the cotyloid cavity. Or instead of this, a fulcrum may be made of a bedpost, against which the prerineum is placed and the limb manipulated.

The patient was brought under the influence of chloroform, and the reduction effected by manipulation.

Cleft Palate.

Ida M., aged nine. She has cleft palate; a congenital defect similar to hare-lip—with which it is often associated; and to hypospadias, epispadias, atrophy of the urinary bladder and bifid spine. The cleft involves both the hard and soft palate and the uvula.

There is an operation for the relief of this affection, performed on the same principle as that for the cure of hare-lip. It consists in paring the edges of the fissure from one extremity to the other, and then approximating them by means of interrupted sutures, employing for this purpose either silver or iron wire, or ordinary silk, according to the whim or caprice of the surgeon; for it matters very little which of these articles is used. Ordinarily four of these sutures are necessary.

The original operation, was performed by professor Roux, of Paris, quite half a century ago. It was afterwards practiced extensively by Dieffenbach of Berlin; and also performed in this country by Dr. Warren of Boston, and Dr. Stevens of New York. It has now become general; is performed in all portions of the civilized world; and is one of the acknowledged operations of surgery. It cannot, however, be accomplished with success, until the patient has attained a sufficient age to coöperate with the surgeon. Before it is attempted, tolerance of the part should be established by manipulation; the introduction of the finger, the handle of a tooth brush, or

spoon, or any such substance, brought in contact with the soft palate, the arches of the palate, the uvula and the tonsils so as to enable them to bear the requisite degree of handling at the time of the operation. This is an important preliminary measure, and should be practiced for a fortnight or three or four weeks, before the operation is essayed.

The patient sitting in a chair with his head thrown back against the breast of an assistant; the mouth being widely opened, the surgeon pares one edge first, seizing hold of the part with a pair of toothed forceps, and, with a cataract knife, effecting the requisite degree of excision. This is the work usually of a few seconds. Of course, there is some degree of hemorrhage at this stage. So soon as the edge has been pared on one side, the surgeon desists until the bleeding has ceased, and then he proceeds with the other side upon the same principle. After both edges have been pared the patient should have a little respite, the parts should be sponged with a mop rung out of cold water, and the mouth should be held widely open to expose it to the air, which is a powerful hæmostatic under such circumstances. So soon as the bleeding has stopped, the sutures are introduced one after the other, which are afterwards tied with the ordinary reef-knot, or the extremities secured by means of shot. The sutures should be retained for a number of days, certainly, not less than five or six, or until there is reason to believe that consolidation has gone sufficeintly far to justify interference. Premature removal will sometimes result in a separation of the edges.

This patient will not, probably, be brought before the class for operation; as it is tedious, and the procedure not very satisfactory—except so far as the external manipulations are concerned, it being impossible for any beside the operator to look into the mouth.

Result of Operation for Tri-lobed Ear.

Miss Julia F., aged twenty. This patient was operated on Nov. 21st., vide page 7. The union is complete. The pin was removed, the thread around it being allowed to remain.

Ectropion.

John G., aged twenty-one. The face of this patient was badly scarred by an explosion at a cartridge factory, which occurred several years ago. He had ectropion of both lids of both eyes. The right eye was operated upon seven months ago, vide vol. XV. p., 160, affecting a wonderful improvement, the lids of that eye being now quite normal. The upper lid of the left eye is tied to the eyebrow; the lower not so much everted.

The patient was placed under the influence of chloroform, and a V-shaped portion of cartilage removed from the lower lid, the hypertrophied portion of mucous membrane shaved off, and the edges of the triangular gap approximated by means of twisted suture, a delicate cambric needle being employed. The upper lid was then dissected from its attachment and, the redundant mucous membrane having been retrenched, brought down in the form of a flap or curtain, overhanging the ball of the eye. As soon as the bleeding ceased, three compressors of patent lint were placed in the gap, the first two well saturated with sweet oil, the third dry, and the whole confined by a roller.

Axillary Dislocation of Shoulder.

Thos. C., æt. 40. He cannot place his right hand on his forehead, nor on the opposite shoulder. The man holds himself in a singular way, the left arm lies in close contact with the side of his body, but the right elbow projects from the side of the trunk, and cannot be brought in contact with it without depressing the corresponding shoulder, which is higher than the left. There is a remarkable prominence of the right acromion process and the acromial extremity of the clavicle, and the finger can be very readily inserted into a depression under the acromial projection. When the fingers are introduced into the axilla, and the humerus rotated upon its axis, the head of the bone can be felt moving over them. The symptoms are characteristic of axillary dislocation of the shoulder.

Dr. Dugas, Professor of Surgery in the Medical College of Augusta, Ga., called the attention of the profession, a few years ago, to the fact, that when there is dislocation of the shoulder-joint, the patient is unable to grasp the opposite shoulder. This statement has been recently contradicted. In a recent number of the New York *Medical Record* it is stated, that two patients, affected with this accident, had been examined, and in both instances they were able to place the hand on the opposite shoulder. In all the cases of recent standing seen by Prof. Gross, the patients were unable to do this, and the diagnostic value of this sign remains unimpaired, as there are exceptions to nearly all rules. The most reliable of all the signs of this dislocation is the fact that the patient is not able to bring the elbow of the affected limb in contact with the side of his body, unless he leans over, and even then he cannot accomplish the object with any degree of facility.

The accident was occasioned by a blow he gave with his fist on election day last, the 8th of October. It is therefore over six week's standing. This form of dislocation is the most common of all the luxations of the shoulder-joint, and of all in the human body.

The man was placed under the influence of chloroform, the heel planted in the axilla, over a folded napkin, and extension applied just above the wrist. The reduction was effected with an audible snap. There is no method so simple and so promptly efficient as this.

The treatment for a few days should be antiphlogistic, saturnine lotions with opium or laudanum being applied to the joint. Then sorbefacient liniments should be employed, and passive motion instituted to restore the function of the articulation.

Ozæna.

Ida D., æt. 16. She has a frequent desire to clear her throat. Hands and feet usually cold. She takes cold very easily. She has a troublesome discharge from both nostrils, of four years duration. No pain of a severe character in the nose itself, but there is a sense of uneasiness

along the frontal sinus. She suffers no inconvenience in any other respect.

This is usually described under the name of scrofulous ozæna. It is an affection of the mucous membrane, and frequently also of the cartilages and bones of the nose. The cartilaginous septum often suffers, in many cases being perforated, and the turbinated bones are apt to be involved, becoming carious, and sometimes necrosed. In the great majority of cases, the disease will be found to be syphilitic. Its origin is not certain in this case; but looking upon it in the light of a syphilitic affection, the following prescription will be given.

℞. Sodii iodidi, gr. iv.
Hydg. bichloridi, gr. 1–12
Syr. ferri iodidi, gtt. xx. Ter die.

Also, every night at bedtime, five grains of quinia and one-eighth of a grain of morphia, to be continued until she becomes thoroughly warmed, the circulation fully established in the extremities. The diet should be plain, simple, and rather generous than otherwise. The body should be constantly covered with flannel, which, in such cases, should be worn next the skin, from one year's end to the other. The feet are to be protected with thick cotton stockings and thick shoes or boots, and they ought to be washed every night in cold water, with castile soap. As a deodorizer, cleanser, and alterant, three to five drops of the officinal solution of chloride of zinc to the ounce of lukewarm water, are to be injected twice in the twenty-four hours, the nostrils being well washed immediately before, with warm water, by means of Thudichum's apparatus.

Medical Societies.

BALTIMORE MEDICAL ASSOCIATION.

Meeting November 12th, 1866.

Reported by J. W. P. Bates, M. D.

Wounds of Cavities.

The discussion was opened by Dr. Dare as follows:

These are, certainly, among the most interesting and dangerous cases that come under the care of the surgeon, especially if we include wounds of the inclosed viscera. We will consider, first, those of the cranial cavity. These may be roughly divided into—(*a*), cranium fractured, but the brain not penetrated; (*b*), brain penetrated, and the vulnerating body lodged in the cranial cavity. When symptoms of compression are present after these injuries, the indication is clear to use the trephine; but when not present, it is a disputed point. Guthrie says, trephine. This would do, were the mischief always at the seat of the wound, but it is frequently some distance from it, as when a man falls on the vertex and fractures the base of the cranium. I remember a case in the hospital; a man was thrown from a buggy, and fell on his head. The next day he was sitting up, and did well for four or five days, when coma came on. I trephined him, but he died in forty-eight hours afterward. The *post mortem* showed that the injury to the brain was not at the point where the skull struck the ground, but on the opposite side, where a small abscess had resulted. Penetrating wounds are generally fatal. Dr. Dunbar had a case in which the frontal bone was perforated by a piece of a gun barrel, which had exploded while the man was gunning; the piece was extracted, and the man recovered. Guthrie mentions an analogous case.

Wounds of the thoracic cavity are divided into incised, punctured, and gunshot. In the first two we expect union by the first intention; in the last there will be loss of substance. The ordinary symptoms are hæmoptysis, (not always positive proof of wound of the lung, for it may result from a blow,) escape of air, and emphysema. This last is absent in a majority of cases, especially if the wound be direct. Treatment cannot do much to check the hemorrhage, except by position. Relieve shock. It is a question about the closure of wounds. In incised, we close accurately, and expect union by the first intention; in gunshot, if closed accurately, which is, probably, the better plan, they must be opened when suppuration commences. Prognosis unfavorable; in twenty-six cases in hospital, which came under my notice, eight died. Patients frequently recover from wounds which would appear to be fatal. A Lieutenant-Colonel was wounded through the left lung,—the clavicle and spinous process of the scapula being fractured. The case progressed favorably, and he returned to duty. In two months an abscess formed, (he spat up pus,) which was opened, and he returned to duty. Again formed, and reopened; after which he recovered his health and strength. One danger in these cases is from long-continued suppuration, and the man frequently dies of pyæmia. Important to use tonics and stimulants. Wounds of the abdomen and intestines are generally fatal, though not always so. Sometimes the patient recovers with a fistulous opening. In wounds of the bladder it is important to keep a catheter in, so as to allow the urine to escape, and to permit the organ to contract. In wounds of the joints resection is practised to a great extent, where we formerly amputated, and, frequently, leaves a useful limb. A large per cent. of resections at the shoulder joint do well. If no fibrous or bony union takes place, the arm hangs by the side, and is in the way.

Dr. Coskey. I wish to ask Dr. Dare whether every case of these wounds closed up did not result in pyæmia?

Dr. Dare. I spoke of closing incised wounds, and gunshot wounds, until suppuration takes place, then open.

Dr. Coskey. Did you ever see a case of pyæmia recover, and what is your opinion of its pathology?

Dr. Dare. That is a rather extensive subject, and is not now under discussion.

Dr. Eastman. There is often great tenacity of life shown in some cases of wounds, especially of the cranial cavity. I passed over the Rich Mountain battle field about eight hours after the battle; a man beckoned to me, and on examination I

found that about two inches of the parietal bone had been carried away, and about a gill of brain matter escaped, yet he lived several days. A spy received five wounds through his lungs, and other wounds in different parts of his body, yet lived for a month. In wounds of the cavities, where there is a single wound, and the ball passes through, the person may recover; but when the ball lodges, abscess follows, and the result is generally fatal.

Dr. Uhler. There is a case on record of a man having no less than three holes through his abdomen, and all discharging fecal matter. The case was, of course, protracted, but he recovered. A man was shot through the greater lobe of the liver, and a piece of the substance of the liver, half an inch in diameter, carried away—recovered. A ball entered at the frontal bone, and emerged at the occipital; he lived seventeen days. Generally, according to my experience, these cases live three or four days. When the cerebrum is injured the patient is quiet, but when the cerebellum, there is a great deal of motion.

Dr. Waters. Guthrie mentions two cases in which the bullet lodged in the substance of the brain. They recovered with reasonable promptitude, and were returned to duty. They got intoxicated, and died in a few hours afterward, probably from cerebral congestion. Dr. Allen Smith exhibited to me a battered buckshot, which had entered the parietal bone. From the time of the healing of the wound until his death, the man had epileptic fits; he lived for eight or nine years. After death the fragment was found impacted and encysted on the opposite side of the brain; the opening in the parietal was not closed. In military hospitals—except field—there were not many cases of perforating wounds of the brain seen. Two cases came under my observation—wounded through the forehead,—could see the pulsations of the brain. Kept the patients quiet, and made no application beyond a piece of greased muslin, and allowed the pus to escape. The senses remained clear. They left the hospital, and I lost sight of them. A sailor was wounded in the frontal sinus, and the discharge, which was considerable, became annoying, and he tucked in a pledget, and died in forty-eight hours of head symptoms. Dr. Dare had a case in which the bullet passed through the eye into the cavity of the skull, but remained external to the membranes. Intelligence was not affected until within three or four days of his death.

In wounds of the chest, the direction of the wound is no guide as to whether the lungs are wounded or not. A man was wounded near the sternum, and the ball passed up posteriorly—hæmoptysis; he died in six weeks, when it was found that the ribs were fractured in two places. In twenty-eight cases, in which it was presumable that the lungs were wounded, twenty-one recovered. About one-fourth of this class of cases died in hospital. The theory was, a few years ago, that a patient rarely survived over twelve months, being carried off by phthisis, but these cases improved continuously.

Two cases of wounds of the bowels came under my notice. The bullet entered two inches from the umbilicus. The first said that he had passed the contents of the bowels through the wound. Had him kept upon his face; he recovered entirely. The second, a man from a Mississippi regiment, also wounded near the umbilicus. The bullet struck a buckle, which flattened it, and made it very sharp. He passed some of the ingesta through the wound. Some contraction resulted, but otherwise the case did well. These were the only cases where there was unequivocal evidence of penetration of the bowels.

A ball traversed the spleen, passed over the kidney, and lodged in the supra-renal capsule. The man lived six weeks.

Wounds of the Joints.

From two hundred and fifty cases, of which I have collected the accounts, I deduce the following rule: When a large bullet passes through the knee or ankle-joint, amputation ought to be performed immediately. The rule ought to be an invariable one, when gentlemen have an opportunity of seeing these cases early, for secondary amputations are exceedingly fatal. Prof. Smith mentions a case of gunshot wound through the knee. The friends wanted the operation postponed, so as to allow of a consultation. He said he would amputate to-day, and consult to-morrow. This was judicious. If they are not operated on immediately, ninety-seven or ninety-eight out of one hundred will have to undergo secondary amputation, and seventy-five will die. When the bullet is small, the danger is not so imminent; may get well, if the ball has not lodged nor injured the bone or cartilage. The danger is great when it lodges in the head of the tibia. The complexity of the ankle-joint renders primary amputation necessary. I do not think I have seen a single case of pyæmia after wounds of the chest. I have seen it after wounds of the extremities.

Dr. Coskey. I visited Fortress Monroe, and surgeons there complained of pyæmia following wounds of the chest. It was a common and constant cause of death. I believe it is from absorption of pus into the system. I have no experience in hospital practice.

Dr. Fay. In regard to wounds of the liver, the recoveries are rare from the slightest puncture, to say nothing of gunshot wounds. I was called to see a case of wound in the abdomen, made by a small pistol ball. Three days afterward the man vomited bile, and died in thirty hours.

Wounds and injuries of the joints are most important. I make it an almost invariable rule, whenever I find pus, to let it out, except in coxalgia. I do not know that I would reverse the rule of Dr. Waters. Sometimes we find cases injured, and allowed to run on several days before a physician is called to see them;—would you amputate then? I should say, let out the pus. In civil practice, in these kind of cases, make free incisions into the knee-joint, as into any other part of the limb; more danger if there be fracture. There is less danger from incisions than from amputation. (Read notes of a case of wound of the knee, in which free incisions were used—recovery in eight months.) In wounds of the abdomen, I have great confidence in mush poul-

tices, as they keep the temperature lower than natural.

Editorial Department.

Periscope.

Pathology of Diabetes.

In his recent work on *Diabetes; its various forms and different Treatments*, (reviewed in a recent number of the *Brit. Med. Journal*,) Dr. George Harley, says:

"That sugar is a normal constituent of the human frame, is easily shown by withdrawing an ounce of blood from a healthy man, in full digestion, and allowing it to fall drop by drop into two ounces of boiling water, faintly acidulated with acetic acid. By doing so, all the albuminous matters are so firmly coagulated, that, on filtration, a perfectly colorless liquid is obtained; and, on applying to it the copper, potash, and fermentation tests, the existence of sugar can be demonstrated with facility."

Dr. Harley opposes the view of Bernard, that the sugar is burned off in the lungs. Chaveau and the author have found in properly conducted experiments, almost as much sugar in the blood of the left, as in that of the right side of the heart. They have also found that there is less sugar in the veins of a limb, than in its arteries; hence it partly disappears in the capillaries, and aids in the nutritive process. Its part here is shown by several facts, to be the formation of adipose tissue.

His views regarding the influence of the pneumo-gastric nerve upon the formation of sugar, are also different from those of Bernard. He does not consider the latter, to be incited by the stimulus of the respired air to the pulmonary branches of the pneumo-gastric nerve, but says:

"If the stimulating effect of the blood of the portal vein, be imitated by injecting into that vessel, substances such as alcohol, ether, chloroform, methylated spirit, or ammonia, the liver is excited to secrete an excess of sugar, and the animal operated on, is, for a time, rendered diabetic. The conclusions to which the results of experiments led me, was, that stimulants produce diabetes, by exciting the hepatic branches of the pneumo-gastric nerve, to transmit an impression to the nervous centres, to be from these reflected to the liver, and thereby cause the increased secretion of saccharine matter."

The following conditions he enumerates as having been followed by diabetes:

"Injury to the head, with or without fracture of the skull—clot in the pons varolii—softening of the base of the brain—abscess of cerebellum, extending into the fourth ventricle—tumor in the left lobe of the cerebellum—disease of the sympathetic nerve—tumor of the pneumo-gastric nerve—deposit of bony spicula in the falx—excessive brain work—intense grief—sudden mental shock—blow on the epigastrium—pregnancy—uterine disease—disordered digestion—exposure to cold, etc.

Diabetes, springing from such a variety of causes, may depend on either of two different conditions; one in which an abnormal quantity of sugar is secreted and eliminated; another, in which the proper quantity only having been formed in the liver, an abnormal amount is eliminated in the urine. These two forms, Dr. H., distinguishes as *diabetes from excessive formation;* and *diabetes from defective assimilation.*

Each of the two forms has certain peculiarities. In that from excessive formation, emaciation does not occur until the disease has far advanced; in that from defective assimilation, loss of flesh is one of the earliest symptoms. "An inordinate thirst," he says, "and excessive elimination of urine, is in all cases an indication that the disease is already in its second stage; the first stage being indicated, in those arising from *excessive formation*, by saccharine urine alone, and in those from defective assimilation, by saccharine urine, coupled with loss of flesh."

As to treatment, in the first form, all foods containing starch and sugar must be avoided, and stimulants used with caution. In the latter form there must be no restriction, the food must be nourishing and easily assimilable, and stimulants may be even given with advantage. Medication must be adapted to the individual case.

Disease of the Supra-Renal Capsules.

One of the contribuitions to the last volume of the Transactions of the Pathological Society of London, as noticed by the *Brit. Med. Journal*, is an elaborate report on disease of the supra-renal capsules, by Dr. Headlam Greenhow. Dr. G. has collected and tabulated the principal points in the history of 196 cases, which he arranges as follows: *a*, bronzed skin, without disease of the supra-renal capsules—10 cases; *b*, cancerous disease of the supra-renal capsules—24 cases; *c*, miscellaneous affections of the supra-renal capsules—10 cases; *d*, cases imperfectly described, or of doubtful nature—24 cases; *e*, Addison's disease of the supra-renal capsules, quite uncomplicated—24 cases; *f*, Addison's disease, almost uncomplicated—lesions of other organs unimportant—17 cases; *g*, Addison's disease, apparently uncomplicated—state of other organs not reported—5 cases; *h*, Addison's disease, complicated with vertebral disease or lumbar abscess—15 cases; *k*, Addison's disease, complicated with tubercle in the lungs only—25 cases; *l*, Addison's disease, complicated with tubercle in the lungs and other organs—19 cases; *m*, Addison's disease, complicated with phthisis—13 cases; *n*, Addison's disease, with non-tubercular complications—10 cases.

The first four of these classes comprise 68 cases, which Dr. Greenhow does not regard as genuine and reliable instances of Addison's disease.

Bromide of Ammonia in Epilepsy, and other Diseases.

The *Chicago Medical Examiner* publishes a paper read by Dr. Ira Hatch before the Illinois State Medical Society, in which three cases of epilepsy are related, one of which was cured, and the others remarkably relieved by the use of bromide of ammonia. Cases of chronic bronchitis, metro gonorrhœa, and uterine irritation were also treated successfully with this remedy.

Reviews and Book Notices.

The Physicians' Daily Pocket Record. Comprising a Visiting List, Diary, Day-book, etc., etc. Also, A List of New Remedies; Classified list of Medicines, their Doses and Market Value; Besides Other Tables, etc., etc. By S. W. Butler, M. D. Philadelphia: Published at the Office of the Medical and Surgical Reporter, 115 South Seventh street, 1867. *Price*, $1.50.

Although issued from this office, it is competent for a reviewer—who has in it only a professional interest—to notice dispassionately this new effort to meet the daily wants of the physician. It may be said to have both positive and comparative advantages. First, it contains nearly everything the practitioner needs to carry about him for reference, and frequent or constant use; and in so small a bulk as to be readily portable. Again, compared with the fullest similar publication—Dr. Elmer's Hand-book—it is much less bulky, costs less, and is not hurt for real daily utility, by the omission of much which that contains. We mean, particularly, the "Classification of Diseases, etc.," in the work of Dr. Elmer. There is no intention whatever, to be invidious in this comparison; as we have already given credit to Dr. Elmer, for ability and great industry in the preparation of his "Hand-book," in a notice of it in this paper, written before the present writer, had any knowledge of the "Record" whatever.

What is still wanting? This may be impartially said. Of matters given in the "Hand-book" just mentioned, it would be very desirable to add also to the contents of the "Record," a List of Incompatibles, and a brief account, or table, of the Diagnostic Examination of the Urine. Further, a decided want is the insertion of a Record of Diseases, upon a plan which can easily be used. The Pennsylvania State Medical Society gave official sanction in 1858 to a published plan of this kind, an abridgment of which could be readily made and added to such a volume. By its means, every physician could state clearly at the end of the year, without any serious labor about it, how many cases of each disease or affection, medical, surgical, and obstetrical, he had treated during the twelve months. For county and State Medical Society Reports, such a method would give exact and most valuable statistics. These must certainly be infinitely better than the vague recollections and general surmises, which the most assiduous and intelligent chairman of a Committee on Epidemics, has commonly now to content himself with. Having *tried* this plan of recording cases, we assert its facility with knowledge. Only one plausible objection occurs in regard to it; which may, possibly, have prevented its general adoption; viz., that, for prudential reasons, a practitioner of moderate business, may be unwilling to make known the annual number of his patients. But it is not necessary to make it known, though ascertained (as in his accounts it must be) by himself. And even the Chairman of a County Medical Society might make full use of the *data* thus furnished, by aggregating them, without any mention whatever of individual names. Another desideratum for addition to such a book, would be, some brief memoranda of obstetrical practice.

The features of the "Daily Pocket Record," which must commend themselves to all, are as follows: The "List of New Remedies, their Application, Doses, and Market Value." The latter item, of *price*, must be a most useful one to country physicians who buy their own medecines. The list is well prepared, although it would not have much impaired its right to the designation "new," by going back far enough to include sulphate of cinchonia, bromide of potassium, and resina podophylli. Calabar bean (physostigma venenosum) might also have been added, as now an established article of the materia medica, for internal as well as local use. The "List of the principal Articles of the Materia Medica, classified according to their Chief Properties, with the Doses for Adults and Market Value," is also very convenient; although an *alphabetical* list, would require less time for reference. A "Table of Proportionate Quantities," *i. e.*, of opium in acetum opii, etc., etc., is well put in next. Then, "Poisons, their Symptoms and Antidotes." "Disinfectants" follow; and "Treatment of Persons Asphyxiated." "Medicinal Weights and Measures" are given, the *French* as well as those of the United States Pharmacopœia. A novel and excellent addition, is a Table of "Expectation of Life," from one year to one hundred and four—from the Carlisle Tables. The *Fee* Tables are also new. That of the Philadelphia College of Physicians, and that of the Medical Society of New Jersey, (new) are placed in parallel columns, to represent the city and country.

The remainder of the book is at least equal in convenience, to any other prepared for a similar purpose. The paper and typography are as good as could be desired; the cover is good enough, but we have a fastidious taste in that, and may wish to see it yet better another year. Altogether, if we knew nothing of its origin, it would be only justice to say, that no other *vade mecum* of the kind would appear to us so well adapted to its purpose.

Medical and Surgical Reporter.

S. W. BUTLER, M. D., *Editor and Proprietor.*

PHILADELPHIA, JANUARY 26, 1867.

THE ANNUAL REPORT OF THE SURGEON-GENERAL

Is before us. Its eight pages, with the addition of a statement of the quantity of medical supplies issued during the war, from the various Purveying Depots, furnish in the most concise form, instructive and interesting facts as to the MEDICAL DEPARTMENT of our armies. Surgeon-General BARNES first states the amount of funds at the disposal of the Medical and Hospital Department for the fiscal year, ending July 1st, 1866, as $5,386,064.24, of which sum $4,044,261.59 were proceeds of sales of old or surplus medical and hospital property. The disbursements were $2,837,801.77.

In the absence of any appropriation for medicines and medical attendance for the Bureau of Freedmen, etc., every assistance was extended to it by this Department. Surgeons and Assistant Surgeons were transferred to that bureau, Acting Assistant Surgeons employed, and medicines and hospital supplies issued upon properly approved requisitions. The amount so expended was $267,391.92.

Regarding artificial limbs, we learn that from date of Act of Congress, (July 16, 1862,) authorizing artificial limbs to be furnished, to July 1, 1866, there have been supplied by this Department, to maimed soldiers, 3981 legs; 2240 arms; 9 feet; 55 hands; 125 surgical apparatus, and it is estimated that not more than 1000 limbs remain still to be supplied, at a cost probably of seventy thousand dollars (70,000). Should the appropriations for this purpose be continued, it is recommended that upon furnishing the evidence now required to obtain an artificial limb, the applicant receive, from a Medical Disbursing Officer, under such regulations as may be prescribed by the Secretary of War, its present established money value in lieu of an order upon a manufacturer. Such an arrangement would include those cases in which from the nature of the injury and operation, no limb or (surgical) appliance can be advantageously adopted, by extending to them the same allowance now made to their more fortunate fellow-sufferers.

Surgeon-General BARNES thus alludes to CHOLERA and QUARANTINE:

"Early during the present year grave apprehensions of the appearance of Asiatic Cholera as an epidemic were justified, and March 3d, 1866, I had the honor to recommend, for the protection of our troops on the Southern Atlantic sea-board, that a rigid quarantine be established, and sanitary precautions enforced, where necessary, by military authority.

"The adoption of these measures has thus far been crowned by more than ordinary success, and although the disease has appeared at the recruiting depots and forts in New York Harbor, at Tybee Island, Ga., Galveston, Texas, Forts Jackson and St. Philip, La., Newport Barracks, Ky., Jefferson Barracks and St. Louis Arsenal, Mo., Carlisle Barracks, Pa., and Vicksburg, Miss., it has been controlled, kept in check, or entirely eradicated, before assuming its usual alarming epidemic form."

Regarding STRENGTH, SICKNESS, and MORTALITY rate:

"The average mean strength of white troops for the year, as reported, was one hundred thousand one hundred and thirty-three (100,133,) and the proportion of deaths, from all causes, to cases treated, was one to every fifty-two.

"The report of colored troops represents the average mean strength for the same period, as fifty-three thousand five hundred and forty-one (53,541), among whom the proportion of cases taken sick was greater than with the white troops, and the mortality rate, one death to every twenty-nine cases treated.

"There were remaining in General Hospitals, June 30, 1865, and admitted during the year, sixty-four thousand four hundred and thirty-eight (64,438) patients, of whom, on the 30th June, 1866, only ninety-seven (97) remained under treatment."

Arrangements, the report states, are nearly completed for the transfer to a fire-proof building on Tenth street, of all the valuable mortuary records of this Department, including 16,000 folio volumes of Hospital Registers, 47,000 Burial Records, 16,000 Hospital, Muster and Pay Rolls, and alphabetical Registers of the Dead, containing 250,000 names of white, and 20,000 of colored soldiers, compiled from them; and the pathological collection consituting the Army Medical Museum.

"During the year official evidence of cause of death, or of discharge for disability, has been furnished the Pension Bureau in twenty-six thousand five hundred and eighty-nine (26,589) cases; Paymaster General, eight thousand (8000) cases; Adjutant General, ten thousand six hundred and twenty-three (10,623) cases; Authorized Agents, four thousand (4000) cases, making a total of forty-nine thousand two hundred and twelve (49,212) cases.

"This information, obtainable from no other source, has been of the greatest importance in the settlement of the claims of discharged soldiers and of widows and orphans, and in a majority of the cases is ample and satisfactory. In addition to the above, two hundred and ten thousand and twenty-seven (210,027) discharges upon certificate of disability, have been examined and classified."

One hundred and thirty-three thousand nine hundred and fifty-two surgical cases have thus far been classified and recorded; and operations, twenty-eight thousand four hundred and thirty-eight.

The preparation for publication of the Medical and Surgical History of the War has been prosecuted with energy, much of the manuscript and several of the illustrations for the first volume being completed. The Army Medical Museum continues to increase in value and usefulness, and the greater security and additional accommodations of the building to which it will be shortly removed, admits of the addition of a great number of interesting and instructive specimens, not hitherto available for want of space.

Of 98 applicants for positions in the Medical Staff, U. S. Army, 19 were fully examined, found qualified, and approved; 17 withdrew before their examinations were concluded; 31 were rejected, and 31 failed to appear.

Twenty-three Assistant Surgeons, U. S. Army, were examined for promotion, 20 of whom were found qualified, 2 reported for re-examination, and 1 disqualified.

One hundred and seventeen Surgeons and Assistant Surgeons of Volunteers were mustered out during the year; 1 killed by Indians.

In the Medical Staff, U. S. Army, there have been 12 resignations, 6 deaths,—2 by cholera, 1 by accident, and 3 by disease.

Casualties. Fuller returns than those embraced in the Report of 1865, give the number of casualties from commencement of the war to present time, in the Regular and Volunteer Medical Staff, as three hundred and thirty-six (336), viz:

Killed in battle, twenty-nine (29); killed by accident, (12); died of wounds, ten (10); died in rebel prison, (4); died of yellow fever, seven (7); died of cholera, three (3); died of other diseases, two hundred and seventy-one (271); making a total of three hundred and thirty-six (336).

During the war thirty-five Medical Officers were wounded in battle.

The Paris Exposition. "The improvements in Hospital construction and equipment, in surgical appliances, in means of transportation of sick and wounded, etc., resulting from the vast experience of the War, are considered worthy of exhibition as an evidence of National progress, and with this view, models of U. S. General Hospitals, with their equipment, of ambulances, litters, medicine wagons, etc., have been prepared, and will be forwarded through the proper channels as the contribution of the Medical Department U. S. A., to the Paris Exposition."

MEDICAL SUPPLIES ISSUED DURING THE WAR.

The most eloquent tribute to the liberality of our Government in furnishing the means of supplying the needs of the sick and wounded soldiers during the late war, and to the able manner in which the business of procuring and distributing these vast supplies was conducted by the head of the Medical Department and his subordinates, could be expressed in no better words, than the simple "statement of the quantity of medical supplies issued during the war from the purveying depots at New York, Philadelphia, etc.," appended to the annual report of Surgeon-General Barnes. To give our readers an idea of this liberality, and of the work which the distribution of these supplies necessarily involved, we quote a few articles and the quantities issued.

Quiniæ sulphas, oz. 723,521; cinchoniæ sulphas oz. 374,746; fluid extract of cinchona oz. 554,110; pilulæ quiniæ sulph. doz., 178,050.

Opii pulv. oz. 448,864; do. tinct. oz. 901,467; tinct. opii camph. oz. 998,599; pilul. opii, doz. 442,926; morphiæ sulph. oz. 29,828.

Ferri chlor. tinct. oz. 690,692; ferri iod. syrup. oz. 138,795; ferri et quin. citr. oz., 69,193; ferri persulph. liq. oz. 103,502; ferri persulph. pulv. oz. 35,226; ferri sulph. oz. 354,273.

Camphor oz. 569,485; capsici pulv. oz. 209,623; chloroform oz. 1,588,066; copaiba oz. 1,292,129; magnesia oz. 69,867; magnes. sulph. lbs. 539,712; spirit. frumenti., in 32 oz. bottles—bottles 2,430,785; do. vini. gall. bottles 562,221, etc., etc.

Hospital Stores. Barley, 169,329; extract of beef, lbs. 824,671; corn starch, lbs. 272,374; farina, lbs. 315,905; porter, pt. bottles 2,227,380; tea, lbs. 471,387.

Instruments. Amputating sets, 1,339; dissecting instruments, sets, 261; pocket cases, 15,769; penis syringes, no. 154,154; rubber syringes, no. 34,661; trusses, no. 56,869.

Dressing. Adhesive plaster, yards 358,771; ichthyocolla plaster, yards, 215,690; muslin, yards 1,982,345; lint, patent, lbs. 197,208; roller bandages, doz. 741,807; splints, setts, 18,103; do. Smith's anterior.

Among books and stationery, we may mention over 50,000 copies of different works on medicine and surgery, and a very large supply of every kind of stationery.

Bedding: Hospital, Clothing, etc. Bed sacks, no. 929,774; blankets, no. 1,637,076; drawers, no. 1,515,714; shirts, 1,322,060; socks, woollen, no. 2,050,415.

Furniture and appliances of every kind, from

clothes lines to frying-pans, were supplied in the same liberal ratio.

Comment is unnecessary; the few figures which we have selected, indicate sufficiently the vastness of these supplies, and the magnitude of the work performed by those upon whom devolved the duty of procuring and distributing them.

Notes and Comments.

Cholera and Quarantine.

The *British Medical Journal* says, that it is the intention of the Egyptian government to institute precautionary measures against the importation of cholera by the Mohammedan pilgrims next year. The quarantine measures which it has been proposed should be adopted, have been framed with regard to both vessels and caravans, and are to the following effect. All vessels with pilgrims are to be subjected to interrogation, and if found to have had cholera on board, are to be sent to perform quarantine. All caravans are likewise, if necessary, to undergo quarantine, for which special accommodation is proposed to be provided. And should cholera break out in the Hedjaz, it is proposed that no communication between that province and Egypt should be allowed by sea.

The Homœopaths

are making great efforts to show by statistics, that under homœopathic hygiene and treatment, human life is lengthened, and the mortality rate of sickness diminished. Now, although we know that "*figures never lie*," yet we honestly believe that men who use them, *sometimes* do; and those gentlemen who have been so exceedingly anxious to puff homœopathy into the favorable notice of the people, and lately, especially of insurance companies, have, we fear, been guilty somewhat of economizing truth in their use of figures. Thus an article is going the rounds in the daily papers, we quote, for instance, the *Springfield* (O.) *Republican*, in which it is stated that a Cleveland life insurance company, "Puts out some curious statistics prepared by ELIZUR WRIGHT, of Boston, late one of the insurance Commissioners of Massachusetts, showing the relative mortality in the allopathic and homœopathic hospitals in Europe, and the advantage in favor of the latter method of treatment," is said to be quite striking. Thus the article continues: "in 21 allopathic hospitals in given years, the proportion of mortality ranged from 6 per cent., the lowest to 20 or 21 per cent., the highest, with an average of 10 or 12 per cent., at least; while in 10 homœopathic hospitals, the mortality ranged only from 2 to 9 3-10 per cent., and in 3 only did the proportion exceed 6 per cent." We can well conceive that by picking out a certain number of general, public pauper hospitals, frequently overcrowded, a larger mortality may be shown, than in a certain picked number of homœopathic hospitals, from which the pauper classes are generally excluded, and where the diseases offering the largest mortality are rarely met with. But no sane man can ascribe such differences to modes of treatment.

Correspondence.

DOMESTIC.

The Degeneracy of the Native American Race.*

EDITOR MEDICAL AND SURGICAL REPORTER:

The subject started in your journal by Dr. ALLEN, of Lowell, namely, the "degeneracy of American females, and the decay of the native American race," is of very great importance, and the discussion of it, if conducted in a proper spirit, must be of interest and utility. All who know Dr. ALLEN, will be ready to ascribe to him only the best of motives, and will regard his statements as the honest convictions of an honest man.

But the conclusions he gives are so startling, that he must, of course, expect that they will be criticised, and that his arguments will be closely examined. Justice to the subject, as well as to Dr. ALLEN, demands it.

I do not propose, at this time, to examine his conclusion, that "the native American population is decreasing, and must soon run out," further than to say, that I am inclined to believe that the statement is exaggerated, and that the causes he assigns for what he believes to be the fact, are limited in their operation, and insufficient to account for so startling a fact.

But I propose, at this time, merely to notice briefly some of the arguments in Dr. ALLEN'S article, and show that, whatever may be the truth in regard to his conclusions, some, at least, of his arguments are not well founded.

First. Dr. ALLEN thinks that the registration returns of Massachusetts are so nearly complete and perfect, that "it is impossible that there can be any mistakes or omissions here, which could materially affect the result." Now some of the

* The following communication should have appeared some weeks since, but was mislaid during a recent removal, and has just come to light.—ED. MED. & SURG. REPORTER.

best informed writers on registration in Massachusetts have expressed the opinion, that at least twenty per cent. of the births, marriages, and deaths in that State escape registration, and those acquainted with the manner in which the facts are collected in the country towns, are satisfied that this is true. More than this, these deficiencies are mostly in the country towns, where the sparse population is mostly native American, and where the deficiencies most materially affect Dr. Allen's results.

Again, Dr. Allen quotes the average age at death of persons of various occupations, to show the effect of occupation upon length of life. Among the rest, he quotes dressmakers, operatives, clerks, and teachers, whose average age is small, and argues that these occupations are prejudicial to length of life. But he forgets that these occupations are, as a general rule, only followed for a few years, and that, of course, the average age of those who die must be small.

Again: Your correspondent, "A," with more words than were necessary, and with some words which might perhaps have been better omitted, has shown one serious mistake in Dr, Allen's figures; so serious, that instead of a decrease of 1500 in the native American population in Boston in one year, there was an increase of over 400, by the excess of births over deaths.

But Dr. Allen makes a similar mistake in his remarks upon the census and birth-rate in Boston. He says: "The census of Boston, in 1865, reports the American population at 126,304, and the foreign at 66,020. The former class, 126,304, have 1641 children, while the latter, 66,020, have 3575—that is, one-third foreign have more than twice as many children as two-thirds American, equal to six times as many children for the same population." Here Dr. Allen gives the population according to birth-place, and thereby includes in the American population all the children who have been born in this country of foreign parents.

The fact is, that *by parentage*, the foreign population largely exceeds the American in Boston. Unfortunately, the census is not taken so that the exact figures can be known. Of course, Dr. Allen's statement, founded upon such a division of the population, must be erroneous.

Again: Dr. Allen quotes from parish registers and from the records of one small town, to show that formerly the families had many children, while now they have very few. Without more full particulars, I cannot judge of the value of the statement; but I am much inclined to fear that all the bearings of the question are not given. Very few parish registers or records of small towns in Massachusetts give the facts in relation to *all the families*.

Besides this, in small country towns, where the population has remained permanent and stationary for a long period, the natural result would be just as stated by Dr. Allen, without any degeneracy in the population.

Let me illustrate my meaning by an example: In a small country town, where I am well acquainted, there is a school district in which, thirty-five years ago, there were over one hundred scholars. In the same district, fifteen years later, there were less than thirty scholars. The number of families and houses in the district had remained precisely the same. The children had grown up and emigrated, leaving middle-aged and aged persons. At this date, there is no change in the number of houses or families; but many of the heads of families of thirty-five years since have died, and younger persons have taken their places, and there are now fifty or sixty children in the district, and the number is fast increasing. It is easy to understand how Dr. Allen's statements may be true, without any degeneracy in the native American population. It is also easy to see how, in a stationary population, where young men and women mostly emigrate, there may be a long series of years when there must be more deaths than births.

In this connection there is a very important consideration, in relation to the native American population of New England, which Dr. Allen does not refer to. It is the immense emigration of this population, during the last thirty years, to the West; the emigration of precisely that class of population, as to age, upon which we would depend for an increase from births.

I have not been able to complete some calculations on this point that I have been making, but may state, that in 1850, there were nearly 500,000 natives of New England, living in this country, out of New England.

In 1860, there were 116,036 natives of Maine living in other States; 125,539 natives of New Hampshire living in other States; 174,765 natives of Vermont living in other States, etc.

Is not this an important consideration in connection with Dr. Allen's conclusions? If he could prove, which I must yet doubt, that the native American population of the East is degenerating and decreasing, we can refer to the immense empire of the West, which is built up, and is at this day, to a great extent, inhabited, governed, and moulded by the men and women, by the minds and wealth of this same degenerate race.

But this communication is too long. Dr. Allen well knows that I have a high regard for him, and that my only object is to promote the truth. I only ask that he will examine his facts carefully, and continue in his investigations until no one can find any fault with his arguments.

Edwin M. Snow, M. D.

Providence, Dec. 10th, 1866.

On Vivisections.

Editor Medical and Surgical Reporter:

I read with much interest the letter of Dr. Hartshorne, in the last Reporter, on the subject of vivisections, which I am glad to find he has the boldness to at least partially condemn.

He says, "I oppose merely the *undue* estimate of the value of vivisection," which, of course, implies that he in some degree approves it. He, however, almost immediately afterward gives an all-sufficient reason why that demoralizing and inhuman practice should be held in no other *estimate* than that of abhorrence. His words are, "Direct observation, without traumatic disturbance to complicate it, and the comparison of function with structure, through the whole animal kingdom, have done more for biological science than vivisection, granting the most that ought to be allowed to it." This is explicitly to the purpose, and proves, if true, as it undoubtedly is, that vivisection is wholly indefensible, because wholly unnecessary.

But it would be so, even if some knowledge could be acquired in this way, and in no other. I deny that we have any moral right to acquire knowledge, or to endeavor to advance the interests of science by *torture*, even if it be that of brute animals. Many of these that are tortured by vivisection, have organs of sensation the same as, or similar to our own, and doubtless suffer as much *agony*, when inhumanly condemned to this operation, as we would ourselves, if similarly treated. The celebrated Dr. Adam Clark, in his commentary on the eighth chapter of Romans, adduces some very forcible reasons for believing that they will exist in the future world, and amends be made them for the miseries suffered in this, from the inhumanity of men. I hope this will prove true. At any rate, they were not put in our power by the Creator for purposes of torture, for any cause whatever. This is a moral question that admits not of doubt. Knowledge that can be acquired in no other way, had better not be acquired at all.

Moreover, there is no reason for believing that the human race, or any part thereof, would have suffered any damage, if not a single case of vivisection had ever been practised. Dr. Dalton would find it impossible to prove that a single human being had ever been saved from death or misery through knowledge acquired in this way.

Some thirty years ago, the French anatomists and physiologists, or some of them, resorted to this practice, probably for the purpose of producing a sensation among the students and others, and some of them gained considerable éclat, which was what they were after, I presume. But the bare relation of their experiments was sufficient to chill the blood of any one not as cruel as a Camanche Indian.

I have so good an opinion of my fellow-creatures, that I have no doubt, if any vivisector were placed in such circumstances that his life could be saved only by the vivisection, or flaying alive, of half a dozen horses, rather than witness or permit this, there are few, in any civilized community, that would not prefer seeing him (the vivisector) peacefully breathe his last.

E. Platt, M. D.

Rhinebeck, N. Y., Jan. 16, 1867.

News and Miscellany.

—— It is proposed by the citizens of Chicago to establish in that city a "Metropolitan Board of Health." Thus the good example of New York is spreading, and we trust will spread. The proposed Board is to consist of five persons appointed by the Governor, three of whom shall be physicians. The term of office shall be five years; their powers are to be comprehensive and plenary. We trust that the Board will also be made Excise Commissioners, as in New York.

—— Prof. Unger, the eminent Viennese botanist and palæontologist, has been recently examining the bricks used by the ancient Egyptians in the construction of the Pyramids, and more particularly those of the Pyramid of Dashour. He has discovered that the mud of which they were made contained not only a quantity of animal and vegetable matter, but also fragments of many manufactured substances, leading to the conclusion that Egypt enjoyed a high degree of civilization upward of 5000 years ago.

Army and Navy News.

NAVY.

List of changes in the Medical Corps of the U. S. Navy during the week ending Jan. 19, 1867:

Surgeon R. T. Maccoun, detached from the U. S. S. "Susquehanna," and placed on waiting orders.

Surgeon J. D. Miller, detached from the "Rhode Island," and ordered to the U. S. S. "Susquehanna."

Ass't-Surgeon G. B. Le Comte, detached from the "Rhode Island," and ordered to the Receiving Ship "Constellation."

Passed Ass't-Surgeon Edw'd M. Stein, ordered to duty at Naval Rendezvous, Boston.

MARRIED.

Butcher—O'Brien.—On the 15th inst., by the Rev. Samuel Durborow, Benjamin F. Butcher, M. D., and Miss Lillie R. O'Brien, all of this city.

Fortiner—Haines.—On Jan. 17th, 1867, by the Rev. P. L. Davies, at the residence of the bride's father, Dr. A. C. Haines, Columbus, Burlington co., N. J., Mr. George R. Fortiner and Miss Ida F. Haines.

Hunter—McClain.—Dec. 25th, by the Rev. J. H. Mathers, Dr. R. J. Hunter, and Miss S. A. McClain, both of Fulton co., Pa.

Long—Banks.—On Tuesday, Jan. 8th, in Christ Church, Chicago, by the rector, the Rev. Charles Edward Cheney, John C. Long and M. Clara Banks, daughter of Dr. James N. Banks, both of that city.

DIED.

Cook.—On Thursday, the 17th inst., in Jersey City, Dr. Chas. Cook, aged 43 years.

Smith.—At his residence, No. 30 East Twentieth st., New York, on the 16th inst., David Smith, M. D., in the 57th year of his age.

Woodhull.—In Princeton, N. J., Jan. 12th, 1867, John N. Woodhull, M. D., in the 60th year of his age.

OBITUARY.

Dr. Edward Lewis.

Died, in Jackson, Mich., on Tuesday, Jan. 1, 1867, Dr. Edward Lewis, in the 71st year of his age.

The following account of Dr. Lewis is compiled from an obituary notice of him published in one of the Jackson newspapers, and from a funeral discourse preached by Rev. G. H. Coffey.

Dr. Lewis had for many years been subject to attacks of asthma, which, however, did not affect his general health sufficiently to materially interfere with the practice of his profession.

On Saturday, Dec. 29th, he visited his patients as usual, but was attacked, the next day, with a severe pain in the stomach, apparently caused by an acute congestion of that organ. This continued through the day, and left him in a comatose condition, in which he remained till his death on Tuesday morning, Jan. 1st. The Jackson *Citizen* says:

Dr Lewis was born at Hampton, Washington county, N. Y., July 6th, 1796, and was, consequently, over seventy years of age. He graduated at the Castleton Vermont Medical College, in the year 1824, and practised in Benson and Fair Haven, Rutland county, Vermont, until the fall of 1835, when he removed to Concord, in this county. He remained there until August, 1843, at which time he removed to this city, where he has ever since resided. As a physician, he ranked among the first in the State, and always had a very extensive practice. He was ever a welcome visitor to the sick-room, and none knew better than he how to comfort and solace those who were suffering from disease. He was not only a very skilful physician, but his patients always felt that they had a careful, courteous, and considerate friend. His kindness and warm sympathy, extending through so many years of active practice, are interwoven, like a thread of gold, in the joys and sorrows of nearly every household of the city.

It is unnecessary to dwell upon the life and character of the deceased. No man in the county was better known. His name, in this city particularly, was a household word. None knew but to respect and love him, and all will weep at his departure from among us. A wife, two sons and two daughters, and many relatives and intimate friends are left to mourn his loss, and in their deep sorrow over the mournful event they have the heartfelt sympathies of the entire community.

Dr. Lewis was no less eminent as a Christian than as a physician, having long been connected with, and an officer in the Church of Christ. He leaves a wife and four children. One son is a physician. A sister, residing in another town in the same county, died but three days before him.

In the death of Dr. Lewis, the medical profession has lost a valued and honored member, who, however, has trained up a son to follow in his footsteps. Dr. Lewis was for many years a subscriber to this journal, and but a few days before his death, his subscription for the current year was renewed.

Dr. Thomas G. Reed.

Dr. Thomas Grant Reed, of Woodstown, N. J., died in that place about the 14th of September last. He was a graduate of the University of Pennsylvania, and a young man of excellent moral and religious qualities, and of great promise in his profession. One says of him:

His zeal in his profession, and his devotion to suffering humanity consumed him, and his name is now added to the long list of youthful martyrs to the medical profession.

ANSWERS TO CORRESPONDENTS.

Dr. L. T. H., Oakalla, Ill.—History of the American Medical Association sent by mail, 17th inst.

Dr. C. H., Thompson, Conn.—Brinton on Stomach, Flint's Practice, sent by Express, 17th inst.

Dr. B. M., Strasburg, Pa.—Da Costa on Inhalation, sent by mail, 8th inst.

Drs. S. & S., Johnstown, Pa.—Da Costa on Inhalation, sent by mail, 8th inst.

Dr. J. S. McC., Crawfordsville, Ind.—Da Costa on Inhalation, sent by mail, 8th inst.

Dr. O. W. S., Reading, Vt.—Flint's Practice, sent by mail, 17th inst.

Dr. J. N. F., Morris, Ill.—Da Costa on Inhalation, sent by mail, 9th inst.

Dr. W. P. R., New Market, Tenn.—Laurence & Moon's Ophthalmic Surgery, sent by mail, 17th inst.

Dr. J. McC., Davenport, Iowa.—Da Costa on Inhalation, sent by mail, 8th inst.

Dr. W. M. N., Paris, Ill.—Da Costa on Inhalation, sent by mail, 8th inst.

Dr. M. H. R., Danville, Ind.—Da Costa on Inhalation, sent by mail, 8th inst.

Dr. J. M. W., Wooster, Ohio.—Da Costa on Inhalation, sent by mail, 8th inst.

Dr. S. S., Katonah, N. Y.—Flint's Ptactice, sent by mail, 17th inst.

Dr. D. C. M., Des Moines, Iowa.—Apparatus for local anæsthesia, sent through Codman & Shurtleff, Boston, 18th inst.

Dr. T. S. J., Jackson, La.—Apparatus for local anæsthesia, sent through Codman & Shurtleff, Boston, 18th inst.

METEOROLOGY.

January,	7,	8,	9,	10,	11,	12,	13.
Wind.....	W.	W.	N. W.	N. E.	N.	N. W.	N. E.
Weather.....	Clear.	Clear.	Cl'dy.	Cl'dy.	Cl'dy.	Clear.	Cl'dy. Snow.
Depth Rain.....							
Thermometer.							
Minimum.....	18°	16°	9°	18°	14°	8°	9°
At 8 A. M.....	30	22	23	27	27	19	17
At 12 M.....	32	27	32	32	32	26	20
At 3 P. M.....	30	28	33	32	32	27	21
Mean.....	27.50	23.25	24.25	29.75	26.25	20.	16.75
Barometer.							
At 12 M.....	29.9	29.8	29.8	29.5	29.9	30.3	30.

Germantown, Pa. B. J. Leedom.

Medical Society of the State of New York.

☞ The Sixtieth Annual Meeting of the Medical Society of the State of New York will be held in the city of Albany, February 5th, 6th, and 7th, 1867. A full and interesting meeting is confidently expected.

516—18 Wm. H. Bailey, *Secretary.*

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THE

MEDICAL AND SURGICAL REPORTER.

No. 518.] PHILADELPHIA, FEBRUARY 2, 1867. [Vol. XVI.—No. 5.

Original Department.

Communications.

CASE OF ENLARGEMENT OF THE SPLEEN.

By James B. Burnet, M. D.,

House Physician, Bellevue Hospital, New York.

Henry Brown, aged 21 years, a native of Germany, was admitted to ward 14 of Bellevue Hospital, on August 21st, 1866. Of himself he gave the following history: All the members of his family are robust and healthy. For eight years he has been a sailor. He always was strong and perfectly well, up to one year ago. At this time, while at Annapolis, Maryland, he was seized with the chills and fever, and had them for five months. At the termination of this period, the chills left him, but he suffered much pain in the left hypochondriac region, and day by day, grew thinner, paler, and weaker. He consulted many physicians, but did not appear to derive much benefit from them. He kept on steadily at his work the greater part of this time, but oftentimes he was so weak and so dizzy, and he experienced so singular a sensation in his head as well as pain in the side, that it was impossible for him to work at all, and he had to desist from his labor, and retire to his bed. For three months before he made his appearance at the hospital, he was troubled greatly with persistent vomiting, principally at night. Thus affairs went on, until four weeks before he entered, when the vomiting was greatly increased, and a violent dysentery set in. When he entered the ward, he had about 14 passages in 24 hours. He also complained of a great pain in the region of the spleen. For about two months before he came in he had great shortness of breath, and he was informed by several physicians that he had consumption. He never had a cough, and never spit any blood. Upon examination his lungs and heart were found to be healthy. Urine was examined both chemically and microscopically, and also found to be normal. Liver normal in size. Nothing abnormal in the appearance of the abdomen. He was thin, anæmic, and apparently very weak. On the left side, corresponding with the situation of the spleen, a bulging of the ribs was seen, and on percussion, dulness was found extending vertically from just below the free border of the ribs up to the fifth rib, and in circumference, from a line let fall from the left nipple, to the internal or vertebral border of the left scapula. Percussion gave him considerable pain, especially when heavily employed.

Diagnosis. Enlargement of the spleen from intermittent fever.

Treatment. The dysentery soon yielded to the opium plan of treatment, when the patient was put upon the sulphate of quinine, five grains three times a day, and also had the seat of the pain painted thoroughly every morning with tr. iodine. After a while he also took the following mixture:

℞. Tr. gentianæ,
Tr. cinchonæ comp., āā f.℥j. M.
S. Teaspoonful three times a day.

This is known in Bellevue Hospital as "Smith's Bitters." He was nourished as well as possible, and took plenty of out-door exercise. His chest was very poorly developed, and he was directed to use the dumb-bells vigorously. Later on, he took small doses of iodide of potassium, and syr. ferri. iodidi. Under this treatment the patient's general health rapidly improved, he gained flesh, had a good appetite, and all pain disappeared from his left side, on which he could now lie without any pain or difficulty whatsoever. The old and troublesome vomiting entirely departed. Heavy percussion no longer gave pain, and the area of dulness was markedly decreased in extent. Thus was the case until Sept. 24th, when he was discharged greatly improved.

Remarks. The spleen, concerning the functions of which, there has been so much discussion amongst the learned of the profession, cannot be considered as an absolutely necessary organ in the animal economy. It is well known that its extirpation in animals has the effect of fattening them; and several successful cases of its complete or partial extirpation in the human subject are on record. In 1855, Dr. Julian Schultz, removed the spleen protruding through a wound in a patient's side, and the recovery of the woman was

complete at the end of a month. Other cases are reported. In one case, where there was a hernia of the spleen, through a cut in the side, part of it was excised. At the end of thirteen and a half years the patient died of pneumonia, having enjoyed good health since the operation; and at the post-mortem examination, attached to the stomach, about the size of a hazle-nut, was all that was left of the spleen. This case is reported by M. Berthel.

The spleen is liable to be affected with many of the same diseases that attack other organs, but it is not *particularly* liable to disease. Those are especially apt to be seized with splenic affections, who reside in tropical or marshy countries. Dr. Nasse of Bohn, reports a case of abscess of the spleen, which abscess, worked its way through the diaphragm, into the left lung, and the contents of which were expectorated by the patient, who made a complete recovery. In patients who have died of phthisis pulmonalis, tubercles have been found scattered throughout the substance of the spleen. Cancer is rare. Rupture may take place from a blow, and death ensue from internal hemorrhage.

Concerning *enlargement of the spleen*, we cannot do better than to quote the following from Tanner, to whom we are indebted for many of the preceding facts: "Enlargement of of the spleen (vulgarly known as ague-cake,) is readily diagnosed by the situation of the tumor in the left hypochondrium, by its general appearance and shape, and by the history of the case. It results most commonly from intermittent fever or ague; but as a rule only after several attacks. Patients affected with tumid spleen, can sometimes be immediately recognized by their peculiar sallow and unhealthy aspect, by the dingy discoloration of the conjunctivæ, and the anæmic appearance of the gums, and the oral mucous membrane. The sufferers are also not infrequently liable to hemorrhage from various tissues of the body; there is deranged digestion, irregularity of the bowels, and dark-colored offensive motions; there is muscular debility; and we often find a general unhealthy state of the system, with a tendency to sloughing sores from slight causes.

The gland may be tender on pressure; but severe pain is seldom present unless the peritoneal covering be acutely inflamed. In protracted cases, general dropsy may set in. When the blood is much altered from its natural condition, as it often is with the splenic cachexia, we can sometimes detect a systolic cardiac bruit; but abnormal præcordial dulness with cardiac murmur, may likewise arise from an enlarged spleen displacing the heart upwards, and preventing the free descent of the diaphragm and full expansion of the left lung.

In many splenic affections, the disease seems to have wonderfully little effect on the general health; a feature which lends further support to the physiological doctrine that this gland is not a very important one. In some few cases which have been under my care, the enlargement has been so great, that the gland has occupied the entire half of the abdomen; and in these, general debility has been the prominent symptom.

The structure of the spleen may not be otherwise than healthy in such instances of enlargement; or the tissues may be indurated, and the capsule thickened; or there may be numerous cysts scattered throughout the gland.

When the enlargement is the result of ague, purgatives with bark or quinine may be used. In other cases steel or bromide of potassium, may prove the most efficacious remedies. Mercury in any form is injurious; and so is depletion. Under all circumstances, the general health must be supported by good nourishing food, as well as by cheerful mental occupation, with residence in a dry and bracing locality."

A CASE OF MONSTROSITY.

By L. I. Marvin, M. D.,
Of Northampton, N. Y.

In the month of July 1859, I was called in haste to visit a woman who was reported to have been in labor two days and two nights, and was said to be at least in a very critical condition. When I arrived, the family-physician was present.

The patient was an Irish woman, 28 years of age, and it was her first accouchement. She was a short, thick, and what might be called, in common phrase, a chubby woman.

The attending physician informed me that he had been with her forty-eight hours, and her pains had been regular, pressing, and severe, and yet no advancement in her labor had been apparent.

On examination, I found the head presenting naturally, and down within the pelvis. The external parts were preternaturally dilated, so that I could easily introduce both hands each side of the head to the neck of the child, thereby forming a sufficient hold for all the traction necessary during her pains, which were frequent and very severe. I assisted her for twenty or thirty minutes, with all the traction I dared to apply, but without any advancement in the labor.

Her strength was failing rapidly, and no ad-

vancement of the head, but the same firm and solid resistance to advancement continuing, I perceived at once that delivery must be effected soon, in order to save the patient.

I commenced rotating the head within the pelvis until I twisted it off and brought it away.

On further examination, an arm presented, and by the same traction I had previously used, the same firm and unyielding resistance remained, though her throes were strong and frequent. I then removed the arm by twisting it off at the shoulder-joint without difficulty.

I then introduced my hand and brought down a leg, which being secured by an assistant, I succeeded in bringing down another, together with the pelvis. I then supposed I was, as I remarked to the attending physician, *out of the woods*, and would soon be through. I was disappointed; for after a powerful throe, I found that the same permanent resistance continued.

In the absence of a pain, I introduced my hand and seized another leg, and brought it down and secured it as before. I then brought down another leg, with another pelvis.

Thus I had four legs and two pelvises in the world. My patient being much exhausted, I administered cordials and stimulants, and when sufficiently restored, I succeeded in delivering her.

I placed the head and arm in their proper places on a table-cloth, with the rest of the parts, and it presented one of the most interesting specimens of monstrosity I ever saw or have read of, and I doubt if another case of the kind is on record. Two female children or fœtuses, fully grown, perfectly formed, and fully developed in every limb and external part. Two heads, four arms, a double thorax, one common abdomen, two pelvises. External organs all perfectly and fully developed, and equal in both. It weighed, with the table-cloth in which it was bound up, eighteen and three-quarter pounds.

I have seen many cases of monstrosity of children or fœtuses, but none that approached the regularity and full development of this in every external organ. Heads, faces, and features were perfectly natural, and appeared as if two full-grown fœtuses had lain crosswise, and to use a mechanical phrase, had been welded together—the two abdomens in one.

I offered large inducements to the parents, to allow me to preserve this most remarkable specimen of monstrosity; but as they were Catholics, no overtures were of any avail, as it would in their view be sacrilege, and it must be buried in consecrated ground. My principal object in obtaining the specimen was to ascertain whether there were two sets of abdominal viscera, or only one. Professor March, of the Albany Medical College, was here a short time after, and I related the case to him. He was very desirous of procuring the specimen, but it was in the heat of summer, and probably decomposition had taken place, and it was abandoned.

The woman recovered, and has had four children since.

PHYSIOLOGICAL AND PATHOLOGICAL RELATIONS OF THE TRUNKAL MUSCLES, WITH THE THERAPEUTIC INDICATIONS INVOLVED.

By E. P. Banning, M. D.,

Of New York.

(Continued from page 533, vol. xv.)

Abdominal and Spinal Support during Gestation.

In former papers we have illustrated the effect of a morbid trunkal bearing, muscular laxity, and a consequent visceral descent upon the colon, rectum, hæmorrhoidal veins, ureters, and kidneys, the uterus, vagina, vulva, and the sanguineous, nervous, and lymphatic circulations in the pelvis. In doing this, we have shown, by clear and inexorable law, that such a condition may interrupt or prevent the corresponding functions; and also, that abdominal and spinal support is adapted to the mitigation of such results.

Continuing the same line of reasoning, we now propose to show that the several derangements of these same organs, which are incident to pregnancy, may also be the result of *mechanical compression:* and that abdominal and spinal support is adapted to their relief, upon an identical principle. Notwithstanding, in the latter case, we have the compressive encroachments of a foreign body, and not muscular laxity, for a remote cause.

In meantime, the vexatious contingencies incident to gestation should not be regarded as a legitimate sequence of that condition, but as accidents by the way. First, because pregnancy is no more than a normal abnormity. Second, because all of the aboriginal tribes and primitive classes enjoy an almost total immunity from them; and, Third, because in the most civilized communities, (under a proper regimen,) it is usual for nature to incept and culminate this marvellous process, with a success and powerfulness that is simply *divinely good.*

We now propose, with the wand of common sense in our hand, and our path lighted by the torch of philosophy, to contemplate the progressive expansion of a gravid uterus, and note some

of the physical consequences of such a process upon surrounding organs and tissues. This we do with a view to show that many of the most vexatious and damaging incidents by the way are, *partially* at least, the result of tubular impingements and visceral compressions from uterine expansion.

First: Immediately after conception, so great is the conflux of blood to the uterus, as to very soon greatly increase its weight, without correspondingly increasing its natural means of support. This takes place even before the embryo has been planted in the field of the uterus. The uniform tendency of this must be, of course, to put the turgid and now irritable uterine appendages in greater requisition; the legitimate effect of which may be to induce those uneasy sensations of tension and dragging in the direction of the round and broad ligaments, which so much resemble the symptoms of incipient prolapsus uteri, and which so frequently occur in pregnancy, before the fœtus has added to the size or weight of the uterus.

Second: In the space of about six weeks, partly from the increasing flux of blood, and partly from the increase of weight from the rapidly developing embryo, the uterus will tend not merely to *drag* upon the uterine ligaments, but actually to settle toward or into the inferior strait. This is the case particularly in first pregnancies, where the woman has formerly cultivated a small waist and a tumid hypogastrium, by corsets and heavy skirts, and where she endeavors to conceal her condition by the same means, or when she has formerly experienced a tendency to prolapsus from any cause.

Third: In the ratio that the tensed state of the uterine ligaments, and settled condition of the uterus has been established, we may expect the following series of visceral and tubular obstructions, viz. 1st. The uterus may settle upon the rectum, and so compress it and the hæmorrhoidal veins, as to not only induce much nervous irritation in the sacral region, but also constipation or tenesmus from obstruction of the rectal calibre at its lower portion, or hæmorrhoids, from a mechanical obstruction of the hæmorrhoidal veins. Thus we have a rational explanation of the prevalent tenesmus, constipation, and piles, in all stages of gestation. Next, by this uterine weight and descent, the bladder is pressed down, or dragged back, more or less; or else it is irritated, inducing not only a frequent desire to urinate, but ischuria also, before the volume of the uterus is such as to circumscribe the liberties of that viscus. In this case, urinary derangement is about precisely the same as in uterine anteversion. As the uterine subsidence, when caused purely by the gravid state, is partially an anteversion; not that it has actually anteverted, but that every subsidence of the uterus into the inferior strait is a practical anteversion, when it has settled without changing its axis in its descent, to correspond with that of the inferior strait. Next, we find this same position of the uterus so pressing upon the pelvic nerves, as to partially, and in some cases wholly, interrupt both sensation and motion, producing an alternation of prickling feelings and numbness, with diminished freedom of the limbs. Next, the same state is likely to correspondingly impinge upon the pelvic veins, thereby inducing a varicose state of them in the foot, leg, and thigh, which so frequently circumvents the patient's necessary exercise, and is a source of a great amount of local and constitutional irritation. The lymphatics also are liable to compression, from an identical cause, giving us a palpable rationale of œdematous limbs in the premises.

And finally, this view of the physical condition of the uterus during the early months of gestation, and before the uterus mounts into the abdominal cavity, not only gives us the rationale of each of the above symptoms during this stage, but also explains why all of them usually revel simultaneously, viz., they have an identical mechanical cause.

Indications in the Premises.

On so plain a point, I will not detain the professional reader. The indications in the premises manifestly are to treat the patient precisely as in a case of uterine prolapsus, from the accession of the first symptom, by relieving the uterine ligaments of stress, and the bladder, rectum, hæmorrhoidal veins, and the sacral nerves, pelvic veins and lymphatics, from uterine impingement of their tubular calibres. This of course is to be done, first, by correcting the trunkal bearing toward the pelvis, elevating a portion of the *natural* visceral weight even from the uterus, and so leaving the uterine appendages with no burden but that of the gravid uterus. This must be accomplished in two ways. 1st, by so arranging each article of dress as not to cause the ribs or abdominal muscles to carry one ounce of weight, but on the contrary, to admit of considerable expansion of the hypochondria and epigastrium, before the trunkal parietes can be conscious of the touch of bands of any kind. All this is readily secured by first making garments amply extensible, and next, by causing the last ounce of garmental weight to depend from a

broad shoulder-band. The second means of carrying out the main indications, is by means of such an abdominal and spinal support as shall act in the interest of the ascendant, as heretofore illustrated. On this point, we can do no more than to refer the reader to our cut in the number of the Reporter for September 15th, as we are unable, either in the light of philosophy, or of experience, to conceive of any better combination than is there represented.

When, by the application of such an arrangement, the compression has been lessened from all of the pelvic organs and tissues, every part begins to feel the indicated rest. *There is rest.* Surely this is so obvious, that I need not stop to dilate upon the respective changes from compression to free expansion, and from rectal, venous, nervous, and lymphatic obstructions, to the free and reciprocal interchange between the upper and nether departments of the communal body. To the mind of the writer, who has very extensively acted upon this idea, the beneficial results have been electrifying, and as a well-spring of satisfaction.

Comparative Advantages of Mechanical Support in the Premises.

Ordinarily, when these side issues occur to any annoying or threatening extent, they have been met, first, by imposing abstinence from labor, exercise, and the vertical position even; a prescription which, when absolutely necessary, is well enough, but nevertheless, one which must ever operate against the general demands of the case in several respects. When, more than during gestation, does a woman's sanguineous, nervous, and psychical system, stand in need of exercise, air, and society, both as relates to the present and prospective welfare of herself and her fœtus? What practitioner has not met many cases of wearing bad labor, and of puerpural fever, or other untoward sequelæ of a low, feverish, or irritable condition of the woman's system, which has been induced by exiling her from the full exercise of every natural function.

Next, if requisite, comes medicine and the lancet, often when there is no primary *constitutional* disturbance, and only an accidental reason for resorting to them, and if they accomplish their immediate ends, it will be done by depleting the body of blood which it will need, and by instituting a series of *medicinal* and not natural conditions.

To illustrate: Suppose a case of constipation, hæmorrhoids, cramps, and œdema of the limbs, and varicose veins, with ischuria; may be relieved by a steady use of aperients, spts. nit. dulc., nervines, and bloodletting. The patient feels much improved, but the necessity for repeating the medicine, lancet, and quiet, will recur several times. The comfort derived will be indispensable, but it has been procured at the expense of the system, and not by enfranchising it. But if we immediately and pleasantly poise the upper trunk behind the spinal axis, and thereby restore the proper obliquity to the pelvis, and elevate the viscera from the uterus, (see cuts in number of the Reporter for June 16th,) we immediately, even in the earliest stages of gestation, relieve ligamentous and nervous stress, and visceral, rectal, hæmorrhoidal, venous, nervous, and lymphatic pressure, with a corresponding immediate and continued relief to the piles, tenesmus, constipation, cramps, numbness, varicose veins, œdema, and ischuria. All this is done in a *concordant* way, without calling on the organic forces for a single extra effort. The opposite course may be successful, but it is *artificial*, with room for a question, while the other is *natural* and *successful*, and leaves no room for question.

Among the most common troubles in pregnancies, (especially after the uterus has passed out of the pelvis,) are an "aching, tired, and broken back." Cramps in the abdomen, from excessive muscular tension, or from strong movements of the child in utero; also great sense of burden and pressure near the pubes and on the bladder, which is aggravated by standing or walking. To these may be added great pendulosity of the abdomen, from duplicate fœtuses, abundant liquor amnii, or muscular relaxation, and particularly, that fulness and sense of weight which so generally foreshadows the birth of a still-born child. Simply because the muscles have not power to prevent fœtal apoplexy, occasioned by pressure of the head upon the pelvis. These troubles usually impose such inertia upon the patient, that when she comes to the ordeal of *labor*, it is in a condition which is anything but favorable to a successful delivery and a ready "getting up." Just at this point, thousands of premature labors have been induced, and as many valuable women have been either lost or permanently damaged, purely because the system has not had the full benefit of exercise in-doors and in the open air, with the hope and expectation which usually accompany a comfortable pregnancy, and which are so potent to success. Surely, every practitioner has often felt greatly embarrassed at the bedside of a patient who is possessed of gloomy forebodings, and whose physical and nervous powers do not come fully to the work, and all for

want of that *preparation* which exercise, vital air, and a hopeful spirit would have secured.

I conclude upon this subject with a few illustrations, after remarking, that I have merely designed in this desultory sketch to invite attention to this line of thought, rather than to treat the subject in a systematic manner, and also, that these suggestions, though purporting to be based upon anatomy and philosophy, are to my mind rather the product of an extensive *practical observation*.

Case 1st. ——, of Charleston, South Carolina, consulted me under the following circumstances. She had experienced eleven successive miscarriages, and was then threatened with the twelfth. Her temperament was lymphatic, and general muscular laxity was palpable, and had culminated under the influence of a relaxing climate and the habitual absence of an energizing culture. Her anxiety for offspring as well as for health, was intense, and to that end, she had, by professional order, been kept most constantly recumbent and almost entirely deprived of every natural source of physical vigor. Her "back felt disjointed near the hips and ached continually." Limbs gave way under her and were œdematous. "Hips felt as though they were coming apart, and as if a *dead, loose* weight was pressing downward." Was very melancholy nervous, and restless at night. Bowels constipated, with hemorrhoidal hemorrhage. These symptoms were met in the ordinary way, by aperient mixtures and diuretics, and occasionally the lancet was resorted to for relief of numbness and stiffness of the limbs, and for "sleeping lethargy." As, in this case, the field of ordinary therapeutics had been repeatedly and thoroughly tried, with no good result save a momentary one, I could do neither more nor less, than resort to abdominal and spinal support. The result was at once so happy, that the patient seemed at a loss for adequate terms with which to express her relief. "I've a back again!" "I feel so light!" "The dead load is gone." Soon she called attention to the fact, that she "had a new pair of limber limbs as good as anybody's!" Shortly after I left the city, but with little hope of averting the accustomed miscarriage, yet well satisfied with having emancipated an amiable lady from medicine and the lancet, and with having introduced her to the free enjoyment of the out-door world. In about six months, I was informed that she was in possession of a fine son, and also of the best of health.

Case 2. ——, of New Haven, Connecticut, consulted me in her "eighth month." She, from the moment of conception almost, began to experience "dragging pains in the small of the back, hips, and lower abdomen;" these were soon followed by varicose veins, and a puffy state of the feet, also, frequent desire to urinate came, in connection with constipation and hemorrhoidal tumors. At this time she complained of constant lethargy, with numbness and pricking in feet and hands; violent cramps in the abdomen, and an inability to leave her easy chair. This ease was seemingly kept from convulsions and miscarriage, by a slight blood-letting twice a week; diuretics, and the daily use of aperients and enemas. I withdrew all treatment, and prescribed abdominal and spinal support, which immediately elicited the expression: "Hits my back just where its broken." On the evening of the same day, I received a call from the lady and her husband, they having walked one mile for her to say "I feel born again." Her husband afterwards informed me, that from that day, she was "as gay as a lark" up to the time of her confinement.

Case 3d. ——, a young wife, consulted me in the second month of her first pregnancy. She complained of constant aching, dragging, and pressure, in region of the round and broad ligaments, and of feeling in the nates "as though they were falling off." "Grinding pain in the small of the back, and a frequent desire to bear down to get rid of something." Her hips felt loose and feet swollen, toward night. A miscarriage seemed imminent, and but for recent experience in mechanical support, I should have imposed quiet, and prescribed aperients, anodynes, and diuretics, to meet the symptoms. The support, represented in the Reporter of September 15th, was applied, with directions to make prudent effort to return to her domestic habits, and watch the effect. This was the last of the young patient's sufferings, until she became too large for her supporter, when another, adapted to the last months, was provided, which carried her safely to the end of her journey. I afterwards learned, that previous to her marriage, this patient had instituted symptoms of uterine prolapsus, by the use of corsets and heavy skirts, which acted constantly upon the superior abdomen.

Case 4. ——, In her eighth month consulted me for a painful hernia which had just "broken out," and also for the following symptoms, viz., enormous swelling and stiffness of the limbs, could not bend to raise anything from the floor; walked only by the support of surrounding objects. Her eyes had a wild look, and her skin was blue, indicating venous congestion. Paroxysms of dizziness were frequent, in connection with a "creeping feeling, passing up the spine to

the head," when she would seize some object and exclaim: "I am going to have a fit." In this case, constipation, hemorrhoids, and leucorrhea were severe. Alarmed for the patient's life, I took blood, administering diuretics freely, and opened the bowels, and from thenceforth, was compelled to bleed on each alternate day, to relieve symptoms of spinal and cerebral congestion. Meantime the patient's spirits were overspread with gloomy forebodings, as with a pall. At the commencement of her ninth month, the hernia became painful and compelled the application of mechanical support. On visiting her again same day. found her sweeping "and putting things to rights." Her countenance was placid; she could bend and walk freely; said: "Horror of great darkness had passed away." She indulged freely in her household duties up to the hour of her confinement, without the necessity for a prescription of any kind.

[To be continued.]

STRANGULATED HERNIA;

With Artificial Anus, and subsequent successful Operation for its Removal.

By Joshua B. Graves, M. D.,

Of Corning, New York.

Reported by Charles M. Graves, M. D.

In December 1861, Dr. Graves, Sen., was called in consultation with Dr. John Mitchell, of Addison, N. Y., to see Mrs. L., aged about 50, at Erwin Centre, N. Y.

He found the patient suffering from constipation, colicky, and dragging pain about the navel, severe vomiting, with much retching and straining. The vomiting at first of bilious matters, afterward became feculent; pale, anxious countenance; small, hard and intermittent pulse, and dry brown tongue.

A small hard tumor, insensible to touch, was discovered in the right groin, just below Poupart's ligament, about the size of a small egg.

Previous efforts had been made to reduce the hernia, but without avail. The effort was again made, and again failed.

Owing to the inclemency of the weather, the miserable condition of the house in which the patient was, it was found absolutely impossible to operate then and there, with any chance of life to the patient. She was moved a distance of six miles, and the operation commenced eight hours after Dr. G's arrival.

At the time of the operation her pulse was 120; the vomiting and nausea had almost entirely ceased, and the patient was bathed in a cold clammy sweat.

The operation was performed in the usual manner, by Dr. Graves, assisted by Dr. A. T. Mills and Dr. John Mitchell. On opening the sac, the constricted intestine was found sphacelated; the stricture was relieved, but a previous inflammation having adhered a portion of the intestine to the lower border of the sac, the intestine was not returned to the abdominal cavity, but was left "in statue quo." ʒij. of Madeira wine, and half grain of sulph. quinia, were administered every hour. Six hours after the operation, the strangulated portion of the intestine gave way, and the contents of the bowels passed out on the groin. The pulse became slower and more full; the bowels moved freely through the opening, from physic given the day previous; perspiration diminished, and became warm. The same treatment was continued, with the addition of a little animal broths, under which the patient gradually improved from day to day. In three weeks the patient sat up; appetite good; bowels regular, (passing through the opening); inflammation and irritation all subsided; at the end of six weeks the artificial anus was well established.

At the end of two months the patient's health having improved so much, an operation for the cure of the artificial anus was decided upon.

First dilating the artificial anus to sufficient size, and also the lower end of constricted intestine, passed in two fingers, one down each portion of the intestine, by approximating and turning the fingers over each other, the precise location of the septum was discovered. Then taking the enterotome of Dupuytren, passed one blade along the finger to its entire depth. An assistant held this while the other blade was passed in a similar manner, and to the same depth in the other orifice,—then turning the screw in the handle, so as to compress the portion between the blades. Gradually, as the blades of the instrument were approximated, solid adhesion took place between the two sides, and about the sixth day the instrument became movable, and fell off, leaving a brown dry eschar in the wound, the same as the portion compressed by the instrument; this soon separated, leaving an opening through which fæces passed. During the compression, colicky pains were complained of by the patient, but they soon subsided. The fæcal matter passed out by the side of the enterotome. Warm water injections were used to prevent any obstructions, and for cleanliness.

As soon as the enterotome came away, a pad or compress was adjusted over the external opening in the groin, and full and frequent injections of warm water were thrown up the rectum. In

two days time, the feces passed naturally through the rectum and anus.

The opening in the groin was then pared round the edges, and closed tightly with sutures, still applying the pad and compress. In a week the opening was almost entirely closed, only a small fistula remaining, through which occasionally a thin watery discharge passed.

By continual use of pad and compress, and occasional applications of argenti nitras, the fistula was entirely closed three months from the date of operation.

Mrs. L's condition at this present time is better than it has been at any time since she first had this hernia,—sixteen years ago. A pouch has formed at the place where the artificial anus was, at which she can distinctly feel the fœcal matter, as it passes through toward the rectum, sometimes aiding its passage by pressure and manipulation.

I am led to report the history of this case from the unfrequency of the operation, and the very great success attending it.

Here was a case in which the patient was in an almost moribund condition, with a small intermittent pulse, dry brown tongue, pale anxious countenance, and cold clammy sweat, precursory symptoms of death. These symptoms abated *immediately* on the giving way of the sphacelated portion of the intestine, and the passage out of the contents of the bowels. The sweat became warm and diminished in quantity; the pale anxious countenance relieved, and the pulse improved, and the case became not an entirely hopeless one. This change is attributable, in my opinion, 1st, to the free exhibition of stimulants and tonics; and, 2d, to the relief afforded the system by the throwing off of the sphacelated portion of the intestine, and passage of the contents of the bowels through the opening, which was assisted by a cathartic administered the day previous.

In a case of strangulated hernia where a portion of the constricted intestine becomes sphacelated, however small, less danger may be apprehended in the formation of an artificial anus than there would be in returning the intestine into the abdominal cavity.

—— Surgeon Ebon Swift, U. S. A., is suing the Hannibal and St. Joseph Railroad for loss of his baggage. He claims $5,958 50 damages, one-half of the amount, being estimated to be the value of an unpublished work of his, on "Veterinary Surgery," the manuscript of which was in his trunk.

Hospital Reports.

Jefferson Medical College,
December 1st 1866.

Surgical Clinic of Prof. Gross.

Reported by Dr. Napheys.

Result of operation for Epithelioma, performed September 22d.

Patrick G., æt. 38. A large portion of the lower lip of this patient was removed more than two months ago, on account of epithelioma of five years duration—vide vol. XV. p. 321 and p. 338. The edges of the wound were brought accurately in contact with several twisted sutures, and although there was great tension of the parts, union by the first intention occurred. Mr. G., has an excellent use of the lip, which since the operation, has recovered very much of its former pliancy, and can now be very readily lifted away from the gums and teeth. There is no pain in the part, and the result has thus far, been everything which could be desired.

Axillary Dislocation of Shoulder-joint, Reduced November 28th.

Thos. C. This patient was at the last clinic on account of dislocation of the humerus into the axilla. Reduction was effected, by placing the heel in the axilla, and making extension upon the fore arm. Soap liniment was directed and passive motion ordered to be instituted in the course of four or five days. The object of the latter direction is to break up the adhesions which may have a tendency to form, in consequence of the effusion of plasma in and around the joint. The soap liniment will stimulate the absorbent vessels, that they may busy themselves in removing the effused plasma. Passive motion once in the twenty-four hours, and very gently performed, will be enough for five or six days; then it may be repeated twice a day and be more prolonged. By and by, the hot and cold douche can be used, pouring on the part from a height of fifteen inches, first hot water and immediately afterward cold water, then wiping the surface dry and applying the liniment.

Necrosis and Elephantiasis.

Robert W., æt. 21. He has had a swelling of the right leg since he was four years of age. There is great hypertrophy from the deposit of fibrin. It is a species of elephantiasis, an affection of the skin and cellular tissue apparently unconnected with the diseased condition of the tibia and fibula present immediately above the ankle-joint, so that if the bones be cured by an operation, or in any other way, the probability is that much of the hypertrophy will remain. The ankle-joint is partially anchylosed. He has occasional pain when he gets cold. He has been on the use of iodides for the last few months.

The patient was placed under the influence of chloroform and a careful examination made. It was found that a small portion of both tibia and fibula was diseased sufficient to keep the parts in a state of irritation. The diseased bone was re-

moved, lint well oiled introduced into the wound, and the limb wrapped up in a solution of sugar of lead and opium.

Ulcer Upon a Stump.

Wm. M., æt. 33. His left leg was amputated four years ago, and again last April, a year ago, on account of some affection of the stump. His health all along has been good. He has had no fever. There is a dull pain in the stump occasionally; at times it is of a shooting, darting, character. The pain is not severe at any particular time. There are no pains of a similar character in other parts of his body. An open sore formed one month ago. At the very centre of the stump there is an ulcer, and a whitish appearance of the parts immediately around it, and the centre of the stump adheres to the surface beneath. The stump is very cold.

Rhigolene was applied and the application continued during the operation, which consisted in removing the cicatricial tissue and loosening the skin, so as to bring the flaps more completely over the bones. Three twisted sutures were employed. There was no bleeding at all, and although the patient suffered some, the pain was not at all sharp or acute.

Exostosis of the Great Toe.

Kate ——, æt. 18. She has a bony tumor growing from the angeal surface of the distal phalanx of the big toe, a not uncommon situation for exostosis. She has suffered in this way for two years. The affection must of necessity be a painful one, interfering with the wearing of the shoe, and causing every step to be attended with suffering. There is also an abscess of the toe.

Rhigolene was applied and the abscess opened. This local anæsthetic did not produce the desired effect in this instance. No other operation will be performed for the present.

Epithelioma and Plastic Operation.

George C., æt. 77. Between two and three years ago a wart-like growth made its appearance on the lower lip and gradually enlarged. The disease, epithelioma, now involves the greater portion of the lower lip, together with part of the upper, and of the cheek. There is no enlargement of the lymphatic ganglions about the jaw or chin. The gums appear to be perfectly sound, the teeth are all lost. The mucous membrane is sound to a considerable portion of its extent; at the corner of the mouth it is involved.

It will be necessary to remove the greater portion of the lower lip, and to take out a section of the upper, and then to borrow integument from the parts around to fill up the gap.

The patient was placed under the influence of chloroform. The diseased structure was removed, and two flaps of integument were borrowed from the parts around and approximated as nearly as possible. There is necessarily in front a great deal of tension, which will interfere with adhesive inflammation. A little gap is left at the upper portion of the lower lip, which can be remedied at a future period, after recovery from the present operation. The parts were exceedingly vascular from long continued irritation.

Dec. 5th.

Ulcer on Stump.

Wm. M., æt. 33. Ulcer and cicatricial tissue removed from the stump of left leg of this patient at the last clinic. Union has taken place nearly entirely. The pins will be allowed to remain twenty-four hours longer, as a matter of security, and after they are removed, the threads will be left for another day.

Node of Tibia.

Nathan A., æt. 22. He has been troubled by pain in the left leg for six months, which is most severe at night, on becoming warm in bed, obliging him to get up and walk about. It is of a sharp shooting character, increased during the day by fatigue, but never so severe during the daytime as at night. It came of its own accord, he says. He has had sore throat; there is some inflammation in the tonsils, uvula, and palate now, but no ulceration apparently. He denies ever having had chancre or gonorrhœa. His general health is good; has good appetite and regular bowels, and has lost no flesh. Never had any blotches on the skin nor buboes.

This is a swelling of the tibia above the centre of the bone, which is very tender under pressure. The inference is, notwithstanding his denial, of syphilitic taint, and that the node is situated a little higher than is usually found in syphilis, for the central portion of the tibia is the usual seat of specific swelling, that is, of that character. In order to throw positive light on the subject, this young man will be placed on the ordinary treatment in such cases. He was directed six grains of iodide of sodium and one-tenth of a grain of bichloride of mercury, five times a day. The part is to be painted with dilute tincture of iodine, the limb kept at rest, and the bowels kept open.

Iritis, Sclerotitis, and Deep-seated Inflammation of the Eyes.

John S., æt. 15. There is a minute injection of the vessels of the sclerotic coat of each eye particularly conspicuous, as they proceed forward toward the junction of the cornea with that membrane. They are exceedingly fine, hair-like, and deep-seated, and the discoloration is somewhat scarlet, not exactly lilac, or bluish, or livid, as occasionally happens in well-formed sclerotitis. There is at the same time a contracted and apparently immovable condition of the iris on both sides, and a slight opacity of the cornea on the right eye, no marked opacity on the left, merely a little haziness denotive of a superficial effusion of plastic matter. The eyes are in a lachrymose or watery condition, and there is photophobia. The eyelids adhere in the morning, but not so much now as formerly. The pupils are contracted to about one-half their normal size. From the fact that the iris is inflamed, it is to be inferred that there is also involvement of the deeper structures, especially the choroid coat. Iritis rarely exists by itself. It is associated usually with sclerotitis, chroiditis, and frequently with corneitis.

He has pain in the temples and eyebrows of both sides; no soreness of the head, no hemicrania. This pain is not constant. It is most

severe every other night, lasting about one or one and a half hours. The eyes water very much when it comes on every other night, and he feels chilly. The chilly sensation lasts for about an hour, and is followed by fever, and sometimes a sweat. He has pain in the eyes in the morning, but not so severe as at night. His health in other respects is good.

This patient has sclerotitis, corneitis, and iritis, with probably choroiditis, and it may be retinitis. Perhaps all the coats are involved, with the exception of the conjunctiva, which suffers less than any other part, there being but slight vascularity of that coat; none of the great distension and discoloration commonly met with in conjunctivitis. Along with this disease of the eyes there is periodical neuralgia, coming on every other night, with chilly sensations, implying a miasmatic origin of the affection.

Inasmuch as there is iritis and a neuralgic element in the case, it requires a little consideration to make the prescription rational. Neuralgia is controlled by quinine, arsenic, strychnia, and articles of kindred character. Morphia or an anodyne is eminently indicated, because of the severity of the pain, and the exquisite morbid sensibility of the eyes. On account of the inflammation of the iris, the cornea and the choroid coat, it is of moment to abate as quickly as possible the morbid action, to prevent disorganization of these important structures, for which purpose calomel is indicated. This prescription was therefore ordered:

℞. Quiniæ sulphatis, gr. ij.
Morphiæ sulphatis, gr. 1-12.
Hydrargyri chloridi mitis, gr. ½.
ft. pil.—4 t. d.

The patient was directed to keep in a darkened room, to wear a green shade over the eyes, to abstain from meat, and to take every other morning a little infusion of senna, to keep the bowels soluble, and carry off the bile thrown off by the liver under the influence of the calomel. The period has not arrived for the use of collyria. A vast amount of injury is done by the use of eye waters too early and too strong. The eyes may be bathed in tepid or cool water, as may be more agreeable.

SURGICAL DEPARTMENT OF PHILADELPHIA DENTAL COLLEGE.

Clinic of J. E. Garretson, M.D.,

Reported by H. L. Gilmore.

Tumors of Lower Jaw.

Cases 1 and 2. Here, gentlemen, are two little girls, each presenting herself with a tumor situated on the side of the lower jaw. Each tumor is of several months' standing, and slowly increasing in size; each feels to the touch perfectly solid, and each is without pain; they seem as if the bone was expanded beneath the gum. On looking into the mouth I find badly diseased teeth associated with the tumors, and on passing the exploring needle into the body of the growths, it seems to cut its way through spongy bone. This form of tumor is quite common in the mouth, and the treatment is simple, and effectual. The irritation caused by the presence of the diseased teeth, induces an hypertrophy of the cancellated structure of the parts—an exostosis, if you please. The natural course of this is either finally to ulcerate, or otherwise remain as a permanent tumor; more commonly the latter, according to my experience. In size it seldom exceeds the half of a walnut, and always gives much more mental than physical disquiet. The exploring needle will generally give the diagnosis, diseased teeth being not always observed in the connection; that is to say, a tooth may, years before, have been broken off in efforts at extraction; the root, or only some insignificant portion of it, being left buried in the alveolus; but this piece of root, it will be found, is the source of the tumor. I have treated such cases, where the offending agent was a piece of tooth-root not larger than the head of the ordinary hare-lip pin. One fact in this connection, is not, however, to be overlooked by you. In nine cases out of every ten, a little fistula will be found discharging in the neighborhood; it will be very small, and must be looked for carefully; pass a probe into this, and it will lead you to the seat of trouble.

To cure these tumors, first remove the cause. The extracting of the tooth, or root, is not unfrequently all that is necessary, not always, however; it will depend on how the alveolus closes; if speedily, and without suppuration, then the tumor will not be cured; if by suppuration, and this continued over several days, or it may be weeks, then the parts will get well. In these cases now before you, I will first extract the offending teeth, and then, with a delicate gouge, cut away through the tooth socket the spongy mass; this—as I now show you—is most easy of accomplishment. I chisel away the mass, piece by piece, cutting away all the growth through the tooth socket, and the wound I leave, I would have you observe, is not a jot worse than is made every day in the dental department in the extraction of bad teeth. In two weeks I will again show you these little girls, perfectly well. If, as the result of the operation, any inflammation of consequence comes on, they must each be given a full dose of sulphate of magnesia.

Obliteration of the Right Nares.

Case 3. Here is a young man who has been under my care, more or less, for the past two years. As the result of a blow received a long while back, the right nares is completely obliterated, the cartilaginous portion of the septum narium lying against the right ala. This patient first applied to me for relief from nasal hemorrhage, which was so continuous and profuse as to unfit him for the discharge of his daily duties, the hemorrhage being associated with ulceration of the septum; from this bleeding he had suffered for years, finding only temporary relief from the many expedients resorted to. He has now had no hemorrhage for eighteen or twenty months, and has it held completely in check, by taking each week only two or three drops of the tinct. erigeron canadense. This seems very wonderful, and I would think there were other reasons for the relief, if I had not satisfied myself by experimentation that to the erigeron belongs the credit. I advise that you take a note of this; it

will, no doubt, sometime be found useful. To treat any ordinary venous or capillary hemorrhage, give it in drop doses, one drop each minute, in a little water.

The patient is now complaining of a constant sore feeling in his nose, and of inconvenience in breathing. These annoyances have always troubled him, but being secondary in importance to the hemorrhage, it is only on getting relief from the first, that he has been anxious that I should try and cure him of the others. This I propose to do this afternoon, by cutting away all that portion of the septum lying against the ala.

The patient was here etherized, and the cartilage cut away with a tenotome. The hemorrhage, which was very profuse, was only controlled by plugging the nares. Quiet, and tinct. erigeron prescribed.

Epulo-erectile Tumor of Upper Maxilla.

Case 4. The term *Epulis* is a very bad and confusing one, and I think should never be used. It has none other than an anatomical signification, and simply means "upon the gum." Epi—upon; ozlon—the gum. The tumors of the mouth that are described under the head of epulis, are as many and diversified as the authors who have written upon the subject, and no one can read them without soon perceiving an existing confusion. In this clinic we call all tumors situated upon the gums, of whatever nature, epulic; but each has its special classification, as implied in its pathology. Thus, here is a spongy vascular tumor in the mouth of this patient; in pathological character it is erectile; that is, it is composed of a congeries of vessels intermixed and held together by cellular tissue, so we say it is an erectile tumor, but being upon the gum, it is epulic; but if I called it simply an epulis, I do not tell you anything of its character, I simply indicate a tumor situated upon the gum. According to a nomenclature, of which I have before spoken to you, I call this tumor an epulo-erectile tumor; if it were fibroid, I would then call it epulo-fibroid; if it were cartilaginous, I would call it an epulo-cartilaginous tumor, and so on. Thus it must be evident to you that the subject is disrobed of all its confusion. You will remember that epi-ozlon is only properly convertible into an adjective, and not into a noun.

The tumor before us is now of some two years standing. It has been treated, as we are informed, by the ligature, by caustics, and in various other ways—in all unsuccessfully. I have seen so many of this kind of tumor, that I know the underlying bone to be implicated.

I pass this sharp-pointed probe through the mass, and as I was sure I would, I find the bone like honey-comb. It is thus made evident that ligation of the soft parts could not meet the indications, and caustics are about as useless. Indeed, such applications only aggravate these tumors. This growth, as you see, is about the size of a hickory-nut; when I compress it between the fingers, I markedly reduce its volume. The patient could tell you, if questioned, that it varies in size, with the quiet or excitement of the circulation? It does so because it is a vascular body.

Is it at all cancerous in nature? Well, whether it is so or not, if it is not very completely removed, it will progress until it destroys the patient, and if it is thoroughly extirpated, it will not come back.

To cure this patient, I will now perfectly circumscribe the diseased part, cutting with a scalpel through the healthy soft parts directly down to the bone. The next step will be to remove the diseased osseous structure and a portion of that unaffected. For this purpose I have two pair of bone-forceps, one pair cuts like a pair of scissors. With these I now follow the vertical cuts on either side of the tumor, which I have just made with the knife, making the blades meet through the bone. The second pair cuts horizontally, as you see, and with these I connect, above the tumor, the cuts vertically made. Here is the diseased mass. You see how easy the operation is of performance, and how quickly it can be done.

What shall we do with this hæmorrhage? Here is one arterial twig throwing its contents at least two feet. Notice how quickly I stop it with this syringeful of alum-water. Alum-water, thrown in a jet from a small syringe, is one of the most reliable hæmostatics with which I am acquainted.

What is to be done with the wound? For the present nothing. If everything goes on right, we will see it in a few days covered with fine florid granulations, and a process of repair will go on without any help from us. If, on the contrary, an action too high or too low sets in, we must treat it as indicated by the circumstances. Generally, I think it will be found that a tonic rather than any atonic treatment will be that demanded.

Appearance after an Operation on the Upper Jaw.

Case 5. This lady, one of my private patients, is kind enough to come before us for our instruction. In looking at her face as she now appears, the symmetry, even to her teeth, is complete. She will allow me to remove from her mouth an artificial denture, and you remark how great a deformity is the result. In looking into the mouth, you will see that she has lost fully one-half the upper jaw of the right side. This I was compelled to remove, some time back, for the cure of a growth similar to that upon which I have just operated. The section extends from the alveolus of the right incisor tooth back to the tuberosity, and as high up as the infra-orbital foramen. In one month the case was well enough for the artificial substitute she employs, and which, as you see, differs from an ordinary set of teeth only in having the plate portion made to occupy the irregularity produced by the operation. The little girl can have any resulting deformity corrected in the same manner. The compensatory part of our art is one deserving from you a close attention. Some of you, I am happy to say, have already given to me most satisfactory evidence of ingenuity in this direction. You have been of great service in helping me to carry happily through some of my clinic cases.

Editorial Department.

Periscope.

Hydrophobia.

At a late Meeting of The Philadelphia County Medical Society, Dr. Andrew Nebinger related the history of a case of hydrophobia. On the Tuesday evening previous (Dec. 3d,) at 7 o'clock, he was called, in consultation with Dr. J. H. Cantrell, to see a gentleman, æt. 48, who, the preceding Sunday four weeks, had been bitten by his own dog, a terrier, to whom he was attempting to give table-salt as a medicine, as the dog did not appear well. The dog bit him through the second finger, dividing the nail completely, the teeth going, as he thought, down to the bone. No attention was paid to the wound other than to apply a mild dressing. Three days after receiving the bite, the gentleman became satisfied that his dog had the hydrophobia, and he killed him. On Monday, four weeks after being bitten, the first evidence of derangement of health presented itself in a little nervous irritability; he "felt," as he expressed it, "as if something bad were going to happen to him." He experienced some little difficulty in fixing his mind on any subject; the restlessness increased; he was very uneasy during the night, tossing about in bed and feeling as though he would suffocate. In the morning he rose rather earlier than usual, because he felt so uncomfortable, that to get up seemed a relief. During the day he went about his business—that of attending to his tavern—but found the uncomfortable nervousness still growing worse, until finally about midday, he discovered that the sound of the liquors running from the bottles, and the running of water from the faucet, became peculiarly unpleasant to him. At four o'clock in the afternoon, his condition became aggravated; when he made an effort to drink, but could not swallow the water; sent for his physician, who gave him a moderate dose of opium. Dr. N. saw him, in consultation, at 7 P.M. The man was down stairs in his dining-room, his face considerably flushed, a degreee of excitement manifest in his countenance; he was restless, fidgety, indisposed to keep quiet, and persisted that he could not swallow water. Dr. Nebinger poured some water from a pitcher into a tumbler, during which the patient shuddered, his countenance showing that he felt acutely uncomfortable. He was asked to make an effort to take a drink, but declined decidedly, and seemed annoyed and horrified at the idea that such a request should have been made. He was urged to drink, much to his disgust; but finally he said, "I will touch the water." He then put his finger tremulously toward the water, but with his head turned from it, dipped his finger in and quickly withdrew it. He then took the tumbler in his hand, made an effort to bring it to his lips, and when it got within eight or ten inches of his lips would quickly turn away. Finally, after making a very great effort, he succeeded in bringing the tumbler to his lips; but to have got a drop of water to his mouth he firmly declared to be impossible. "I cant touch it! I cant touch it!" he said.

The treatment determined upon was to send him to his room and apply wet cups along the spine, from the head to the sacrum. After being well cupped cantharidal collodion was applied over the entire spinal column, three inches in width. It did not work well and speedily. It was determined to give half a grain of the sulphate of morphia every hour, by hypodermic injection. Dr. N. saw him again at 11 o'clock that night. The blister had taken effect, and there had been injected a grain and a half of morphia, but there had been no amelioration of his symptoms; on the contrary, there was decided exacerbation. He was now seized with paroxysms in which he declared he could not get his breath; there would be a deep inspiration and then a heaving of the breast, at intervals of every five or eight minutes. His bowels had not been moved through the day, and three drops of croton oil were administered.

He was seen again just after midnight—at 12.15; he was worse, not improved in a single respect; the morphia had been faithfully given, but without inducing any disposition to sleep; the paroxysms had grown more violent and the interval between them had shortened. The treatment described was persisted in throughout. He took, from 8 o'clock, P.M. on the Tuesday, until the period of his death, which took place about twenty-two or twenty-three hours after treatment had begun, about twelve grains of morphia; and the twelve grains had no more effect, as far as producing sleep was concerned, than if he had not taken a single grain. His eyes were never closed in sleep until they were closed in the sleep of death. He died unexpectedly in one of his paroxysms. The paroxysm immediately preceding had been as violent and as long continued as any previous one; his condition manifesting as much vigor as for four or five preceding hours.

During the period of the paroxysms the mind of the patient was disturbed, but in the interval he was as rational as at any period of his life. He was informed of his perilous condition, of which he seemed to be fully aware himself; that the chances of being carried safely through were against him, and that he had better settle his temporal affairs; but having apprehended death, he had sent for his spiritual adviser before Dr. Nebinger saw him. He afterwards conversed about the matter of his death, and being impressed with the popular delusion that every individual laboring under rabies had to be put to death in some manner or other, he made occasion for all the persons in his room, except Dr. N., to quit the apartment—Dr. Cantrell being in an adjoining room preparing a dose of the morphia. He then said to him: "Doctor, whenever the time *comes*, do the work quickly." On being asked what he meant, he replied: "I mean whatever means you will use to destroy me, when the time comes, let it be something that will do it quickly." He was informed that his physicians were not present to destroy him, but to save him, if possible; and if that was impossible, to diminish his sufferings as long as he should live. After a moments reflection, he said: "Excuse me, Doctor;

I know it was wrong to say what I did." Indeed, the popular delusion in the neighborhood is, that *poison was injected into his veins*, or that bleeding him, or smothering him, or some other means to hasten him out of the world, was had recourse to! He had been injured in the right hand, and when one of his paroxysms was coming on, he would say to those standing by: "Gripe my right wrist tightly—that breaks the spell." And it really did seem to have some influence; for when it was done, instead of three or four convulsive movements in the paroxysm, he would have but one or two. When they were very violent, he would make an effort to get out of bed, appearing as if he would like to go somewhere to get air.

There was no pain running up the arm from the wound: it was without any inflammation whatever; the wound beneath the nail was healed; there was some tumefaction, but no soreness, even when the part was handled very roughly.

His tongue was very dry—drier than in health; there was no secretion of saliva. At 12 o'clock at night there was a slight secretion in the larynx, but no increase next day.

His mind was perfectly clear throughout. At Dr. Nebinger's second visit at 11 o'clock at night, a lawyer was present copying a will that had been written by a friend some hours before, so that he could be certain there was no flaw in it. The doctor mentioned this fact as an evidence of the patient's clearness of mind and even cautiousness.

The doctor remarked that the case did not present so much wildness, nor was the patient so unmanageable, as is recorded of some hydrophobic patients; nor was there the abundant secretion of mucus in the trachea, etc., as is also related of some cases. The absence or the modification of these conditions, the doctor was of the opinion, could be fairly ascribed to the large quantity of sulphate of morphia administered.—*New York Medical Record.*

Poisoning by Strychnia; Cannabis Indica.

In a recent number, we reported in our periscopic department, a case of recovery from strychnia poisoning, by means of chloroform. We now add another, which recovered under the use of *cannabis indica*, and tr. of camphor. The case occurred in the practice of Dr. S. A. McWilliams, of Chicago, by whom it is reported in the *Med. Examiner*. Patient, 31 years of age, took, suicidally, 5 grains of strychnia. Was seen by Dr. McW., 3¾ hours afterwards, when he had extensive frequent and severe spasms, and with each a blowing of froth from the mouth. He lay upon his back, arms extending obliquely from his body; face flushed; perspiration rolling off him; pupils dilated widely; pulse 130 per minute; color of lips natural; stiffness of muscles and inability to move limbs; mind perfectly clear. A drachm of the tincture of cannabis indica was immediately given, and another in five minutes; then two similar doses at intervals of ten minutes; afterward two such doses at fifteen minutes interval with a rapid amelioration of symptoms; the next drachm was given in an hour and a half. The remedy, which afterwards was alternated with camphor, was continued as the urgency of the symptoms demanded, and the patient recovered, with uninterrupted convalescence, after 48 hours.

The Diagnostic value of the Retracted Nipple, as a Symptom of Disease of the Breast,

Was the subject of a paper recently read before the Hunterian Society, by Dr. Thomas Bryant, of Guy's Hospital. The essay is based upon nine well-observed cases of various affections of the mammary gland, and from these the author draws the conclusions, that a retracted nipple is an occasional symptom in acute and chronic inflammation of the breast; that it is found in the cystic disease of the gland, as well as in the cancerous; in fact it is met with *in all diseases of the true gland, whether simple or malignant.* It is absent in the ordinary chronic mammary or adenoid tumors, simply because these tumors are not of the gland itself; and as a consequence, the nipple, with the gland-ducts, are not interfered with. In what way then, it may be asked, is this retraction of the nipple generally brought about? It must depend upon some general or simple cause, as it is found under so many different conditions; for a retracted nipple may be described as an accidental symptom in the development of a tumor; it is the product of mechanical causes, and its presence is determined by the manner in which the gland is involved in the disease, rather than in the nature of the affection itself. Should any tumor, simple or malignant—should any abscess, chronic or acute—attack the centre of the mammary gland, a retracted nipple, in all probability, will be produced; for, as the disease so placed will necessarily cause material separation of the gland-ducts, their extremities—terminating in the nipple—must be drawn upon, and, as a consequence, a retracted nipple will be the result.

In an early stage of an infiltrating cancer of the organ, this symptom is one of occasional occurrence, the nipple being drawn toward the side of the gland, which may be involved. At a later stage of the disease, however, when the infiltration is more complete, the nipple may again project. In a central chronic abscess of the breast, the retracted nipple is equally common; and in the true cystic adenoceles, it may also be present. The explanation of the cause of this symptom in all of these cases is alike, being purely mechanical, and in a measure accidental.

Report of the Germantown Dispensary for the Year 1866.

Number of applications at the office for medical advice, 1084.

Number of prescriptions and medicines furnished, 1162.

Number of patients treated at the office, 351.

Age.—Adults, 208; children, 18 years and under, 143.

Sex.—Males, 117; females, 234.

Diseases of—thoracic cavity, 62; alimentary track, 110; generative organs, 20; skin, 22; eye and appendages, 17; ear, 3; nervous, 22; blood, 59; miscellaneous, 39.

Results.—Cured, 305; relieved 28; discharged, 6; remaining under treatment, 8; died, 4.

Causes of Death.—Phthisis pulmonalis, 2; typhus fever, 1; pseudo-membranous croup, 1.

Age and Sex.—Adults, males, 2; female, 1. Child, female, 1.

The Out-Door Physicians have attended at their homes, 270 cases; of these, 224 were cured, 14 relieved, 6 remain under treatment, and 24 died.

THAD. L. LEAVITT, M. D.,
Jan. 1st, 1867. Attending Physician.

Reviews and Book Notices.

Conservative Surgery, as Exhibited in Remedying Some of the Mechanical Causes that Operate Injuriously both in Health and Disease With Illustrations. By HENRY G. DAVIS, M. D., Member of the American Medical Association, etc., etc. New York: D. APPLETON & Co., 1867. 8vo., pp. 315.

In this volume, elegant enough in its interior for IRVING's Sketch Book, or LONGFELLOW's Poems, Dr. DAVIS has given to the Profession, his "Records of over thirty years' investigation." They contain matters philosophical, (in the medico-chirurgical sense,) practical, and controversial. No systematic treatise is presented; but rather discursive essays, embodying chiefly the peculiarities of the author's views and practice. The subjects are numerous and varied; viz., Fractures, Dislocations, Pseudo-anchylosis, Talipes, and other Deformities of the Limbs, Lateral Curvature of the Spine, Synovitis, Morbus Coxarius, Ulceration of Joints, Pott's Disease of the Spine, Bronchitis, and Osteomalacia, Spinal Irritation, Phthisis, and Uterine Correctors.

What appears to be especially claimed by Dr. DAVIS is, the discovery of a cardinal fact in the pathological history of diseases of the joints; and and of the most rational and effectual remedial treatment thereby indicated. This *fact* is, that "in diseases of the joints there is an always-present factor in their destruction, in the unremitting pressure effected by contraction of muscles passing over the joints, causing forcible apposition of the surfaces within the joint." The *remedy* concluded upon is, *continued elastic extension*, by adhesive plasters, cords, pulleys, and weights. This principle and plan of extension, is also applied to the management of fractures, muscular and other defects and deformities, etc. For instance, in fracture of the patella, the lateral pressure of straps of adhesive plaster is used to annul the contractile power of the great muscles of the thigh. This pressure is fixed, and nearness of the fragments secured, by two weights of about four pounds each, suspended by cords passing over the foot of the bed. In some other cases mentioned by Dr. DAVIS, eight, and even twelve pounds weight, have been used for similar extension.

Dr. DAVIS also claims the introduction of twilled goods for spreading adhesive plaster upon, for the purpose of increasing its elasticity. Extension by adhesive strips is, of course, much older than Dr. DAVIS' asserted discoveries, to which he gives the date of 1852, 1855; published in full 1856.

The controversial part of the book before us, refers particularly to the proof of Dr. DAVIS' priority in the enunciation of the true pathology and treatment of affections of the joints, spine, etc. He especially accuses Drs. L. A. SAYRE and C. F. TAYLOR, of using, without proper acknowledgment, his principles and methods.

Though mainly surgical, the volume includes a chapter on Phthisis, its Prevention and Treatment Dr. DAVIS' idea is, that *chest-development* is the all-sufficient prophylactic and curative. His statements here are very bold. Having, in general practice for thirteen years in the centre of New England, not one case of fatal phthisis among the families which he attended, he declares that "every case may be prevented. When the treatment which we propose commences with the disease, and is pursued uninterruptedly, we have every reason to expect that every case will recover." (P. 304.)

What is this treatment? Simply gymnastic exercise, with the arms above the head, according to the SYLVESTER method for asphyxia; which also Dr. DAVIS claims to have anticipated and published in 1858. His words are (p. 301) that, in confirmed phthisis,

"This exercise is not to be a pastime—an occasional recreation—a matter of amusement; but a labor, into which all the energies are thrown—labor and effort, such as a man makes when his life is in *immediate* danger. It should not be relinquished when a little weary; but the energies should be goaded to the last extremity. This applies more particularly to feeble persons, when they first commence the exercise; as they advance, it becomes easier. The more feeble the patient, the more urgent the need of the advantages to be derived from it."

We are obliged to express our unwillingness to follow these directions in practice. To *economize force* is as necessary in consumption as anything else. Gymnastics may be useful, with great caution, even to some who are actually suffering from consumption; but to goad such to the extremity of labor, must be a mistake.

Medical and Surgical Reporter.

S. W. BUTLER, M. D., *Editor and Proprietor.*

PHILADELPHIA, FEBRUARY 2, 1867.

PENNSYLVANIA HOSPITAL.

The institution here named, has long and justly been the pride of Philadelphia, as the chief apparent representative of the benevolent character of its inhabitants. It has been nobly endowed, and liberally supported. But a feeling has become prevalent that it is a rich institution, and it has, of late years, received fewer contributions and legacies than its necessities require, and particularly so, in view of the greatly increased cost of supporting it, and the larger demands upon its charities.

Thousands of our readers feel a lively interest in all that pertains to the welfare of this noble institution, for it has been the nursery in which a very large proportion of the practitioners of medicine and surgery throughout the land have been instructed in the principles and practice of a profession which has been the means of dispensing joy and gladness, where sickness and pain, distress and sorrow have prevailed; and, were it not that practitioners of medicine have generally but a small share of this world's goods, it would be but a simple act of justice if they would make some slight acknowledgment in the way of contributions for the support of an institution to which they owe so much. It is, however, the community at large who is really the benefited party, the medical profession being simply the medium through which the advantages derived from the institution have been dispensed. If this thought could be appreciated by all those who have thus been the recipients of the benefits derived from this noble institution, it could not long want for funds, but, on the contrary, would be abundantly able greatly to enlarge the sphere of its usefulness.

Our endowed public institutions, with limited incomes, have all seriously felt the pressure of these times, when their incomes are paid in a depreciated currency, while their expenses have very largely increased. The New York Hospital is in precisely the same condition of pecuniary embarrassment as the Pennsylvania Hospital, and its managers are exerting themselves to avert the necessity of disposing of a portion of its property, and contracting its means of usefulness. To be sure, both institutions could relieve themselves by turning their real estate into money, and building where real estate is of less value, but that would be to remove them far away from where they are wanted most, which is precisely in the positions they now occupy.

At a meeting of prominent citizens of this city, held recently, at the call of the Committee of Contributors to the Pennsylvania Hospital, on motion of William Welsh, Esq., Samuel V. Merrick, Esq., was called to the Chair, and Benjamin H. Shoemaker, Esq., was appointed Secretary.

Mr. Merrick stated that since the creation of the Hospital, one hundred years ago, its active works of benevolence, with the great increase of the population of this city, have outgrown its income to the amount of about $20,000 per year. Either the citizens must support its operations or the managers must contract its usefulness, by closing some of its wards.

Mr. William Welsh presented the following resolutions:

Whereas, The Contributors to the Pennsylvania Hospital, at their last annual meeting, expressed the earnest desire that the Board of Managers should neither allow the usefulness of the charitable institution to decrease, nor to use the vested fund for current expenses, as its present expenditure is far beyond the regular income of the hospital: therefore,

Resolved, That a vigorous effort be made to procure subscriptions to the amount of $25,000 a year, payable annually for five years; also, to add $500,000 to the vested fund of the hospital, by donations and legacies.

Resolved, That each member of this meeting, and the friends of the hospital, be requested to aid in carrying into effect the foregoing resolution.

Mr. Dawson, President of the Board of Managers, stated that the income received from the vested endowments is $30,000 annually, while $57,000 are annually expended. Thus, yearly the Board has had to make appeals to the benevolence of the citizens, with no prospect of an improvement in its finances. For one hundred years it has stood alone in its work, unsupported by the city or commonwealth. Although the strictest economy is used in all the expenditures, yet, with the doubled and trebled increase in fuel, medicines, food, etc., it is impossible to discharge its good work without active efforts in its behalf. If such aid be not afforded, then the institution will be compelled to close its doors to the maimed and mangled persons who are constantly received within its walls. As an instance of its unceasing care, it may be stated that on Monday five persons, scalded in the late boiler accident, were received.

Dr. Addinell Hewson, one of the Surgeons of the hospital, stated that one way to demonstrate the great necessity for present aid was to contrast the work of the hospital in the past with its present operations, and the demands which will come up in the future. Fifty years ago the speaker's father was elected Surgeon to the hospital. Then surgical cases were of rare occurrence, and attracted numbers of medical men to observe the operations. Within that space steam power has been developed, factories erected, railroads built, population has increased in an enormous ratio, and thus accidents have been occuring

beyond our means at present of caring for them. The institution receives all who come within twenty-four hours of the accidents occurring, without charge. Two cases occur a day now, being four times as great as in 1845.

Last year the hospital treated more of these cases than the great charity hospitals of Boston and New York combined. Furthermore, the number of poor patients has increased with the ratio of the growth of the city. Last year, of these people, the hospital has treated over 1600 cases, while the Massachusetts Hospital had 836 cases. They spent $500 more than the Pennsylvania Hospital, and the New York Hospital $40,000 more. In salaries, our hospital pays out $150 more than forty years ago. The cost of medicines has been only doubled within the last twenty years, owing to the strictest economy. Twenty years ago, over two hundred pounds of patent lint was used; last year, only twenty pounds, the balance being oakum at fifteen cents per pound, lint being five dollars. Bandages were also used to a less amount than twenty years ago, by using the bandages several times over, after being washed and disinfected.

The increase in funds during the last twenty years has been merely nominal, the increase being used to pay the higher salaries in the Insane Hospital. The present generation seems to believe that this hospital is rich beyond its needs, evidenced by the liberality shown to other charities, and the want thereof to this. Five hundred thousand dollars in the future will not be sufficient to meet the demands upon the hospital by an increase of population.

Dr. Charles D. Meigs would have preferred not to have appeared before the present gathering of leading citizens; but having been long connected with the hospital, he felt it his duty to express some of his thoughts on its operations.

The subject was a most serious one, in which was concerned the dignity of the whole municipality, and the liberal Christianity of our whole community. He was deeply pained to hear that some of the few beds now in use might have to be closed by the great increase occurring in all the expenses of the institution, through no fault of the administrators of the funds, but by the great addition to all expenditures caused by the war. By the laws of the United States, the payment of $1 annually, enables a seaman coming into port to be received into the hospital.

In 1683, 800 people lived in our city. In 69 years, (1752,) there were 14,000 people in 2000 houses. In this year, (1867,) 750,000 souls living in above 80,000 houses. From 1800 to 1820, the population doubled; from 1820 to 1840 again doubled; from 1840 to 1860 trebled. In 33 years, by the year 1900, it may undoubtedly be 2,500,000, and perhaps 3,000,000. Thus means must be taken to provide for these inevitable needs of our community.

In 1755 some of our large-hearted citizens, headed by Benjamin Franklin, laid the corner-stone of this hospital, laying its foundations broad and wide and strong; not for their age merely, but for their descendants. Forty-five beds are here for the poor sick. New York, with 40,000 houses, has beds for 5000 poor; Philadelphia, with 80,000 houses, has only 45.* It is a shame to her standard of religious morals and charity.

There are other hospitals established in this city. They are valuable auxiliaries, but they cannot for many years to come take its place. The proud stand of Philadelphia above other cities in medical instruction, is largely owing to the facilities of clinical instruction afforded by such institutions. This is the refuge of the better class of the necessitous poor, the abject classes flocking to the almshouse for aid. They come voluntarily; it is no disgrace to come, for they cannot be disgraced thereby.

The late war has largely restricted the funds of the hospital, and its means of doing good. Many call it Penn's Hospital, believing that William Penn founded it, and richly endowed it for all time. This belief that it is a rich institution, has prevented many from bestowing upon it the donations they award to others. Never has any manager been elected save he had first paid his contribution fee of thirty dollars; no doctor has been engaged, unless first he has paid thirty dollars, and then freely given his services to heal the poor victims without hope or thought of reward. The speaker had thus served for many years, and had thought himself well repaid on his resignation by being told the managers were well satisfied with his services.

The only salaries that are paid are those given to the servants, the cooks, housemaids, etc., in the hospital. The physicians and surgeons are well content to give their valuable time and services freely, exposed to all the dangers of contagion; but they have a right to ask that the public should strengthen their hands, and help them to keep on with the great and good work.

In 1865 over two thousand poor patients were treated, and $12,000 expended. Then mutton was bought for 12½ cents per pound, and beef for 17 cents, while we citizens paid 16 to 18 cents for mutton, and 22 to 28 cents for beef. 1300 pounds of tea, 80,000 pounds of bread, 11,000 gallons of milk have been used yearly, and sometimess 100 pounds of beef daily, to make beef-tea for the patients. All were bought of good quality, but economically. Not a penny's worth of these articles go to the physicians, while a large portion of the fund approprirted to the medical library fund is annually transferred to the support of the hospital.

Philadelphia should repay every cent of that outlay, and give out of her abundance to its needs.

After some remarks by Mr. Welsh, in which he suggested that if $100,000 could be drawn off in an ocean yacht race, it was not unreasonable to expect liberal contributions for such an object as this, the resolutions were adopted, and a standing Committee of fifty appointed to carry out the objects of the meeting.

* That is, in this hospital only. There are a number of other hospitals in Philadelphia which have free beds, but we cannot give the aggregate number at this time.—Ed. Med. and Surg. Reporter.

Notes and Comments.

Sudden Death in a Dentist's Office.

Last week, Edmund Kerosin, a young man, 23 years old, entered the office of Dr. Ralph Lee, a dentist of this city, to have a tooth extracted. Anæsthesia was produced by nitrous oxyd gas, a cork having been placed between the teeth to keep the mouth open. As the tooth was extracted, we understand, it slipped from the forceps, and with the cork was drawn into the mouth. The tooth was subsequently thrown up from the stomach, but the cork—which does not seem to have been missed—entered the larynx, and by its presence there caused suffocation and death in an hour. A post mortem revealed the presence of the cork in the larynx and the cause of death. This case and its lamentable result should serve as a caution to those who employ such adjuncts in the dental laboratory, and the physician who may be suddenly summoned to patients in a dentist's office, should bear in mind the possibility of an accident like this, and be prepared to open the larynx, if need be, which in this instance would in all probability have given instant relief, and saved the life of the young man.

Organization of Medical Societies.

We are glad to be able to announce the organization of more medical societies. At Chattanooga, Tennessee, recently, the Hamilton County Medical Association, auxiliary to the Tennessee State Medical Society, was formed. Its officers are: President, J. H. Van Deman; Vice-President, M. J. Franklin; Secretary, P. D. Sims; Treasurer, L. Y. Green.

A call was issued for a meeting to convene in Marshall, Illinois, last Saturday, to form the Clark County Medical Society. There are many intelligent physicians in that county, and we doubt not they will form a profitable and useful auxiliary to the State organization.

A Doctor to the Body Politic.

By the election of Gov. Swann of Maryland to the United States Senate, our friend Dr. C. C. Cox, late Lieutenant Governor, becomes Governor of that state. We scarcely know whether to congratulate him. It is bad enough for a physician to be expected to cure fevers, cholera, consumption, and small-pox, to say nothing of syphilis, etc., and to run the risk of contamination—but, in addition, to impose on him the necessity of coming in contact with, and treating the horrible maladies that affect the body politic, is simply a barbarous cruelty, that should enlist the sympathies of the Society for the Prevention of Cruelty to Animals! Delaware has also a physician for Governor. New Jersey has had two, within a few years, and according to some is still in quite a "bad way." Perhaps it may yet devolve on some Jenner of our profession, to discover some protection against the corruptions of the body politic.

Correspondence.

FOREIGN.

Dublin, December, 1866.

Editor Medical and Surgical Reporter:

Popliteal Aneurism.—Double Femoral Artery.

A case of aneurism of the popliteal artery has occurred under the care of Mr. Fleming at the Richmond Hospital, which possesses unusual practical interest. A railway guard got a strain while jumping into his run as the train was leaving the platform, causing considerable pain at the time, especially in the popliteal region. Some time after, he observed a small tumor in the popliteal space. He was admitted into the Richmond Hospital under the care of Mr. Fleming. On examination, Mr. Fleming found that the tumor was an aneurism, with all the symptoms of the disease well marked. The case was treated, as such cases usually are, by pressure on the femoral artery. Although the pressure seemed to be effecting its purpose, yet the aneurism became diffused, causing immense swelling of the limb by the extensive extravasation of blood. Mr. Fleming having consulted with his colleagues, it was determined to tie the femoral artery in Scarpa's space. The operation was accordingly proceeded with in the ordinary way. When the artery was raised on the aneurism-needle, it was found that pressure contracted the pulsation of the tumor. The ligature was tightened and the wound closed. Scarcely had this been done, when the pulsation returned as forcibly as ever in the tumor. The wound was opened, and the ligature found to be fast around the artery, but on more careful examination, another large vessel, of the same size as that already tied, was discovered. This was also secured by a ligature, and now the pulsation in the tumor was permanently stopped. Shortly after, nearly all the extravasated blood was absorbed, and the limb returned almost to its former dimensions. Suddenly the patient com-

plained of pain and tenderness on pressure in the seat of the aneurism, which was marked by some swelling. It having been concluded that suppuration had taken place in the neighborhood of the sac, the tumor was opened, when an enormous amount of bloody purulent matter was discharged, and immediately followed by a gush of arterial blood, which could not be arrested. The limb was therefore amputated. On dissecting the limb, two femoral arteries were found running the whole length of the thigh, and two little aneurismal sacs were found on one of these vessels, immediately above the seat of the aneurism which had been treated. This is only the second case of the kind on record, the first being the celebrated one of Sir Charles Bell. Although double femoral arteries have often been recorded, yet this is only the second case where the irregularity interfered with the treatment of the case.

Acute Hepatic Abscess.

At a late meeting of the Dublin Pathological Society, Dr. Gordon exhibited a specimen of acute abscess of the liver, removed from a patient who died under his care in the Whitworth Hospital. The case was remarkable on account of the great rarity of acute hepatic abscess in this country, except in pyæmic cases. There was no trace of pyæmia in Dr. Gordon's case, every part having been carefully examined.

Hunter *v.* the Pall Mall Gazette.

A trial of great interest to the medical profession has just terminated in the London law courts. Dr. Hunter, a well-known *advertising* doctor, brought an action against the *Pall Mall Gazette*, one of the highest class daily journals in this country. The *Pall Mall* had called attention to Hunter's advertisements, and condemned him as a quack in no measured terms. Hence the action of Hunter against Sharpe, the proprietor of the *Pall Mall*. Hunter laid his damages at £5000, ($24,000.) After a trial lasting for several days, the jury returned a verdict for Hunter, damages one farthing. Dr. Hunter called numerous witnesses to prove his skill and reputation as a physician, but it turned out that all the witnesses were associates of his own, two of them being his partners. On the other hand, Mr. Sharpe called many of the most eminent men in London to prove the falsity of Hunter's advertisements. The verdict was quite in accordance with the facts of the case and the law as laid down by the Chief Justice before whom the case was tried. The *Pall Mall* was legally wrong, but morally right. Dr. Hunter previously practised in Canada, and has branch establishments in Dublin and Edinburgh. Dr. Hunter made an abortive attempt to prove that his advertising system was adopted and commonly practised by respectable medical men in America, both in Canada and the United States. This attempt, however, to throw a slur upon the profession at the other side of the Atlantic, by way of proving himself right, only brought discredit upon his case. The *Pall Mall Gazette* deserves the thanks of the public, and especially of the medical profession, for their courageous attack upon quackery. T. W. G.

DOMESTIC.

Spotted Fever.

Editor Medical and Surgical Reporter:

In your journal of Jan. 5th, is a communication from Dr. Adolphus, of Hastings, Michigan, severely animadverting upon an article of mine in the Reporter of Nov. 17th. I have no taste for an acrimonious controversy, and I am sure that you do not wish to open your columns to strictures of that character. But I ask the privilege, in self-vindication, of making a brief reply.

He complains of the temper in which he says my communication was dictated, and makes it a pretext for indulging in the exhibition of a spirit which I cannot characterize as particularly amiable. Now I submit to the candid readers of the Reporter, whether there is anything in the article he refers to, justly open to the charge he brings. I certainly aimed in what I said to treat him courteously, although there were remarks in his article, to which it was a reply, well calculated to provoke a sharp retort.

In that article he starts off with the assertion that eastern physicians are unsuccessful in treating fevers generally, and particularly spotted fever; claiming for western physicians superior skill in treating the disease, though he admits that ten years ago, they were sadly unfortunate in managing it.

Now, does he not know that in the frequent recurrence of an epidemic disease in the same locality, it loses much of its virulence at each return. This I believe is a law of epidemics. It was so with diphtheria on its first appearance here—nine-tenths of the cases proving fatal. Now it is a very manageable disease; we seldom lose a patient. And this I believe holds good everywhere, though the treatment is much the same as at first.

Spotted fever made its *first* appearance in this locality in an epidemic form last spring, which may account I think for its great fatality. And

I do not believe that the remedies which Dr. Adolphus places so much reliance upon, or any other remedies could have saved the patients we lost. Other physicians here were equally unsuccessful in treating it as myself. Out of some thirty cases which occurred in this vicinity, only four or five recovered. And the disease in its first appearance has proved equally fatal in other localities. At Carbondale, Pa., in 1863, the rate of mortality was scarcely less than here. And the same may be said of several localities in the western and northern parts of this State.

He says that I doubt the correctness of his statements. I certainly did not intend to convey any such idea. But I must confess, that from the confident manner in which he spoke of controlling the disease, I was led to doubt whether he had treated many cases of it in its *worst* form.

In speaking of the post mortem appearances in his first article, he remarked that serum had been found in the ventricles of the brain, and that the meninges of the brain and spinal cord had been found injected. To which I replied, as he had asserted that there was no inflammatory action in these cases, that he had omitted to mention that pus was also found in those situations, and inquired how that was to be accounted for, except from the presence of inflammation. From this he infers, that "I belong to that antiquated school of medicine whose adherents see no other disease than inflammation, nor know no other remedies but antiphlogistics." To show the error of this conclusion, I need only refer to the treatment given in my published cases in the Reporter of September 1st.

Spotted fever (I do not like the name any better than Dr. Adolphus does) has been lurking about this locality in a sporadic form ever since its prevalence here last spring. We have had occasional cases of it up to this time. At this writing I have a case in charge, in the person of a married lady, aged 26 years, and who is now convalescent. In the outset of the case, the patient seemed to have taken cold, and complained of violent pain in the back of the head and neck, and in one knee and ankle. After a short time, the pains all seemed to concentrate in the head and back of the neck, extending down the spine, producing paroxysmal spasms of the cervical and dorsal muscles, and permanent opisthotonos. In this state of the case, I determined to give the gelseminum a trial, as directed by Dr. Adolphus. I could not procure the tincture of the *green root*, but used Tilden's fluid extract in full doses, without producing any marked effect, after a trial of twenty-four hours. Yet I have no doubt that it is an antispasmodic of considerable power. I next resorted to the use of leeches, and the iodide of potash, as suggested by your foreign correspondent, T. W. G. Six leeches were applied to the nape of the neck and to the mastoid processes, with very apparent relief; the bleeding was very free. The iodide of potash was continued for several days, twenty grains being given daily. Quinine was given freely in beef tea enemas, and the limbs were wrapped in flannels wrung out in hot mustard water.

The effect of the leeching showed, I think, very conclusively, that there was inflammatory action going on within the cervical portion of the spinal column. Though I do not think that general antiphlogistic treatment is indicated in these cases, I have no doubt that local depletion is often of the utmost importance.

The above case was much milder in its character than any of those which occurred here last spring, the cerebral symptoms were not at all marked.

Notwithstanding Dr. Adolphus persists in asserting that the disease in question is a form or grade of typhus fever, he has failed to convince me, that typhus and spotted fevers are not two distinct diseases. And despite the astute, and erudite lecturing he has given me, I have not yet acquired even a "*confused*" conviction, that spotted fever in its worst form, is curable in a greater ratio in Hastings, than in Cooperstown.

T. B. Smith, M. D.

Cooperstown, N. Y., Jan. 17th, 1867.

Dislocation of the Patella.

Editor Medical and Surgical Reporter:

To many practical surgeons it might appear to be a work of supererogation, to offer an original communication on the subject of so unimportant a dislocation as that of the patella; but the vast strides which have been made in manual operative surgery, will warrant quite a different conclusion. It has been but a few years since the reduction of luxation of the hip-joint, by flexion and manipulation, was discovered; a fact first positively established by Dr. W. W. Reid, of Rochester, much to his credit as an original and acute observer; although his plan might, occasionally, fail to accomplish reduction of the ileo femoral joint. In case of such failure, the surgeon can fall back to the more severe measures, the pullies and block, formerly in use in this dislocation. Dr. Reid has undoubtedly conferred a a great boon on the profession, and is worthy of our gratitude.

The method which I have for a number of years

adopted for the reduction of a dislocated patella, differs somewhat, from the modes laid down in surgical works. In presenting my mode to the consideration or criticism of surgeons, it is with due deference to numerous authors I have had pleasure of perusing.

In a case of dislocation of the patella, the patient should be seated in a common chair, place a second chair containing a pillow at sufficient distance from him, to allow the distal portion of the leg and heel to rest upon. I then either stand, or sit (as most convenient) on the outside of the leg; take hold of the thigh with one hand, holding it steady; gently grasp the patella with the other; being ready for reduction, I now draw the attention of the patient to something foreign to the proposed proceeding; by this manœuvre, the extensor muscles become relaxed, as far as their strained position will allow, then, by giving a sudden, downward pressure, with proper manipulation of the patella, it glides into its natural position with unwonted facility, and the least possible pain to the patient.

A few remarks on this subject will suffice. It is quite patent to every surgeon, that the extensors of the leg, all of which are attached to the patella, must be relaxed, in order to reduce a luxation of this bone. By the above mode it is replaced with facility and ease; when the thigh is grasped, it can be supported and held steady until you press downwards, the gravity of the limb favors your movement, so much so, that the extensors are relaxed to their utmost extent with but little force. If the case should be difficult of adjustment, an anæsthetic can be used, which would materially aid in accomplishing its reduction. I never saw a case that would not yield to the above method. A few trials in other hands will either show its inutility, or confirm its advantages over existing plans. I shall patiently wait for a decision, after a fair trial of its merits by the profession.

Flint L. Keyes, M. D.

Jerseyville, Canada West, Dec. 20, 1866.

News and Miscellany.

Alleghany County Pa., Medical Society.

The following appointments have been made by this Society, for the ensuing year: President —Dr. F. B. Mowry. Vice-President—Dr. M. F. Trevor. Corresponding Secretary—Dr. Harry T. Coffey. Recording Secretary—Dr. B. C. Jillson. Assistant Secretary—Dr. J. N. Benham. Treasurer—Dr. Nesbit McDonald. Censor—Dr. Thomas J. Gallagher. Delegates to American Medical Association for 1867—Dr. James King, Dr. M. R. Trevor, Dr. A. H. Gross, Dr. John Dickson, Dr. B. C. Jillson, Dr. Thos. H. Elliott, Dr. J. Perchment. Alternates—Dr. T. J. Gallagher, Dr. H. T. Coffey, Dr. John Semple, Dr. R. B. Mowry. Delegates to State Medical Society, which meets in Pittsburg, June 12, 1867 —Dr. E. A. Wood, Dr. M. R. Hamilton, Dr. I. McCann, Dr. A. M. Pollock, Dr. A. H. Gross, Dr. Jno. Dickson, Dr. H. T. Coffey, Dr. Fred. Keller, Dr. A. H. Miller, Dr. D. N. Rankin, Dr. George McCook.

—— Governor Geary, of this State, has appointed Dr. J. Thompson, of Chester County, physician at the Lazaretto, and Dr. H. Ernest Goodman, of this city, Port Physician, and Gen. H. G. Sickels, Health Officer for Philadelphia.

—— A fortune of 250,000 is awaiting Dr. Benj. F. Patterson, of Mobile. He was formerly a surgeon in the U. S. Army, but has not been heard of since 1864, when he was at Bermuda Hundred, Va.

—— Dr. Labau M. Sanders, of Barnstead, N. H., died a few days since, from a disease contracted five years ago while performing a dissection.

—— The number of students registered in the Harvard Medical School at Boston, is 303, being the largest number ever registered at that school at one session.

Army and Navy News.

NAVY.

List of changes in the Medical Corps of the U. S. Navy during the week ending Jan. 26, 1867:

Asst.-Surgeon Frederick Krecker, resigned.

A. P. A., Surgeon Henry Shaw, ordered to the U. S. S. Tacony.

A. A. Surgeon C. W. Knight, ordered to the U. S. S. Yantic.

METEOROLOGY.

January,	14,	15,	16,	17,	18,	19,	20.
Wind	N. Cl'dy.	N. W. Cld'y. Snow.	N. E. Cl'dy.	N. W. Cl'dy. Snow.	N. W. Clear. High Wind.	N. W. Clear. High Wind. Snow.	N. E. Cl'dy. Snow.
Weather							
Depth Rain							
Thermometer.							
Minimum	17°	10°	3°	15°	10°	9°	8°
At 8 A. M.	29	18	9	22	16	11	11
At 12 M.	28	20	20	21	19	23	20
At 3 P. M.	29	21	22	22	20	23	20
Mean	25.75	17.25	13.50	20.	16.25	16.50	14.75
Barometer.							
At 12 M.	29.9	30.	30.3	29.7	30.	30.	30.

Germantown, Pa. B. J. Leedom.

Medical Society of the State of New York.

☞ The Sixtieth Annual Meeting of the Medical Society of the State of New York will be held in the city of Albany, February 5th, 6th, and 7th, 1867. A full and interesting meeting is confidently expected.

516—18 Wm. H. Bailey, *Secretary.*

THE

MEDICAL AND SURGICAL REPORTER.

No. 519.] PHILADELPHIA, FEBRUARY 9, 1867. [Vol. XVI.—No. 6.

Original Department.

Lectures.

A LECTURE ON THE SUBCUTANEOUS INJECTION OF MORPHIA.

By Edward Warren, M.D.,

(Late Surgeon-General of North Carolina.)

Delivered before the Baltimore Med. Association, Jan. 14, 1867.

The credit of having first used morphia subcutaneously in this country, is claimed by numerous individuals.

The following statement, will, I think, settle the matter definitely.

In the fall of 1857, I was called to a young lady, who was suffering greatly with a pain of of the right radio-carpal articulation, accompanied by hysterical symptoms of a decided character. The pain was at once so intense, and so completely localized, that I determined to try the effect of a topical application of morphia. With this end in view, I dissolved half a grain of the sulphate of morphia in a drachm of water, and, having punctured the skin with my lancet, I injected the liquid by means of a syringe, which had been constructed for the lachrymal duct.

In a few moments the pain was entirely relieved and the patient profoundly asleep. After the lapse of several hours, she recovered her consciousness, and had frequent attacks of vomiting, but no return of the pain or of the hysterical symptoms.

From that time up to the present, I have been in the constant habit of using morphia hypodermically, employing the instrument described above, for several months, and then substituting a syringe constructed by Tiemann for this especial purpose.

In the fall of 1860, I delivered a course of lectures in the University of Maryland, in which this mode of medication was recommended, and its advantages illustrated by several practical applications in the presence of the class. My claim to priority as regards the introduction of this remedy into the practice of this country, cannot hereafter be controverted.

With your indulgence I now propose to give a brief resumé of my medical and surgical experience in this regard.

In numerous severe cases of *cholera morbus*—approximating in the intensity of their symptoms to genuine Asiatic cholera—when the stomach and rectum persistently rejected everything introduced into them, I have injected morphia under the skin, with the most decided benefit to my patients. Indeed, in several instances, they declared themselves "perfectly well," within a few moments after the employment of the remedy, and, to this day, believe that some magical application was invoked for their relief.

In *asthma*, I have seen it act equally well, restraining the secretion of mucus, relaxing the contracted vessels, relieving the pain, improving the respiration, and promptly inducing a quiet slumber. Unless the attack be of cardiac origin, it is best to precede its application by an active emetic.

A few weeks since I was called to a case of *eclampsia*. A robust woman of middle life, had given birth to her first child, after a protracted and difficult labor; and had then been seized with violent convulsions.

So soon as I saw her, I injected one grain of morphia, in solution, under the skin of the arm, and then bled her freely. Under the combined influence of these two remedies, her pulse became soft and compressible, a copious perspiration started from every pore, the spasms ceased, the stertorous breathing subsided, and the patient sank into a quiet slumber. This condition of things continued for about six hours, when she returned to consciousness and rapidly recovered without the intervention of an unfavorable symptom.

The modes of treatment adopted by medical men for the cure of this affection, are as various as their views respecting its pathology.

The observations of Delasiaure, Trousseau, Georget, and Kussmaul, prove conclusively, that neither the proximate nor the remote cause of puerperal convulsions is to be found in a *hypnæmic condition of the brain*, the arguments of Sully and Marshall Hall to the contrary notwithstanding. The universal and indiscriminate use

of the lancet—the policy of depletion *ad infinitum* —has been repudiated, consequently, by all intelligent physicians; and, yet a sound therapy demands that this mode of treatment shall not be entirely abandoned—that the judicious abstraction of blood shall sometimes be resorted to, in the management of this fearful malady.

Schroeder Van der Kolk, has I think, given the only correct explanation of the pathology of eclampsia. Discarding alike the dogma, that convulsions result necessarily from a determination of blood to the head, and the fallacy, that they are invariably the signs of a depressed and not of an exalted vital action, he affirms that the cause of this affection consists in a superpolarity or exalted sensibility and activity of the ganglionic cells of the medulla-oblongata, produced by a state of *turgescence or hyperœmia of these nerve centres.*

The combination of remedies employed in this case was suggested by this explanation of the morbid conditions which constitute the essential nature of eclampsia, and the success attending it. The rapid and complete subsidence of all the unfavorable symptoms furnishes additional confirmation of the truth embodied in the views of this eminent pathologist.

That the brain does participate in "the exalted sensibility and activity of the ganglionic cells," after they have been fairly developed, is an incontrovertible proposition. From a mere augmentation of functional activity, up to the most profound coma, the impress of this disturbing agency can be traced and demonstrated—modifying the pathological status in each individual case, and varying materially the treatment required for the arrest of the disease.

To Scanzoni is due the credit of having first advised the employment of morphia subcutaneously, in this disease; while "the combination" referred to above, was the offspring of my own reflections.

Hysteria sometimes assumes a form positively frightful to the uninitiated, and not a little alarming to the practitioner.

Last summer I was called to a lady, at one of the principal hotels of this city, who had alarmed the whole establishment by her fearful screams and violent movements. It required the united efforts of several persons to restrain her. Screaming, foaming at the mouth, gnashing her teeth, striving to gain the floor, and occasionally lapsing into violent convulsions, she presented at once a most painful and frightful spectacle.

The difficulty of administering medicines either by mouth or rectum, conjoined with the necessity for prompt and decided measures, induced me to resort to the subcutaneous injection of morphia. Saturating a handkerchief with chloroform, I compelled her to inhale the vapor, and, so soon as she grew composed, I injected three quarters of a grain of morphia in solution under the skin of her arm. In less than five minutes she was sleeping as quietly as a child—every symptom of disease having disappeared—and continued in that condition of quiescence during the entire night. An aloetic purgative with a warm hip-bath prescribed on the succeeding morning, reproduced the suspended catamenia and perfected the cure. Not the slightest trace of hysteria presented itself subsequent to the use of the morphia.

Comments are unnecessary. What other remedy could have acted with so much promptness and efficiency?

In a case of acute *nephralgia* accompanied by agonizing pain, I administered four grains of the sulphate of morphia, in as many hours, by the mouth and rectum, without affording relief. The patient neither "felt sleepy," nor experienced the least abatement of his sufferings from the effects of the narcotic. The paroxysms seemed to increase in violence continuously, until, finally, in the acmé of a most acute attack, I administered chloroform, and injected subcutaneously half a grain of the sulphate of morphia. He grew quiet at once, and slept heavily for eight hours, when he awoke entirely free from pain.

Chloroform had been previously administered, and warm baths, cups, poultices, etc., employed in connection with the morphia given by the mouth and rectum, without producing more than a momentary subsidence of the pain. The hypodermic use of morphia intensified and perpetuated the effect of the anæsthetic, and gave instant and permanent relief to the sufferer.

My routine treatment of *delirium tremens* consists, *first*, in the administration of a mercurial purgative—blue mass and podophyllin — and *then*, in the administration of chloroform and the subcutaneous injection of morphia.

In some instances I have administered twenty grain-doses of the bromide of potassium at intervals of an hour, until the system was thoroughly saturated with it, and have then injected the morphia, with the most happy results.

The pathology of delirium tremens is but little understood, and its treatment by the profession generally is, therefore, empirical to the last degree.

Confounding effects with causes, medical men have inferred the existence of a specific and in-

variable pathological condition in this affection, from the manifestation in connection with it of a certain group of nervous symptoms having a definite character.

This is as unreasonable as to suppose that locomotion is infallibly the result of the same motive power, or that death is uniformly produced by the same destructive agency.

From a careful study of this disease, I am convinced that there are at least *three* distinct morbid conditions embraced in the general term, delirium tremens.

1. Positive inflammation of the brain or its membranes, resulting from the toxic effect of alcohol upon the nervous mass. This variety of delirium tremens is characterized by the ordinary symptoms of acute cerebritis, and is the result of the continuous indulgence in the use of alcohol. The patient drinks himself into the attack.

2. Direct irritation of the brain or its meninges, produced either by the continuous presence of the irrritating element in the blood, by a loss of susceptibility upon the part of the cerebral mass to the alcoholic influence—the brain requiring the stimulant to which it has become accustomed, and the alcohol being present in the blood, while the responsive power of the one to the action of the other has been lost or suspended—or by the actual withdrawal from the system of the stimulant to which it has accommodated itself, and which has consequently become necessary to it.

3. Indirect irritation of the brain, developed through reflex action, from some derangement which exists primarily in the stomach, the liver, or some other important viscera. The nervous symptoms which present themselves in this connection being symptomatic of an inflamed mucous membrane or a deranged secreting organ, as the case may be. Every practitioner is acquainted with the fact, that symptoms of gastritis, hepatic irritation, etc., frequently precede and accompany the progress of this disease, and that no abatement of the mania, trembling, etc., occurs until they have been arrested. The phenomena of reflex action, as well as their mode of development, are too well known to require further consideration in this connection. When the alimentary mucous membrane has become thus inflamed and altered, its powers of absorption are necessarily interfered with; and hence, of the stimulants imbibed, but a small quantity reaches the brain, so that to some extent a *direct* and an *indirect* irritation of that organ are contemporaneously developed.

When positive inflammation of the brain or its membranes exists, the subcutaneous injection of morphia is contra-indicated, *according to our present experience;* but when the morbid phenomena result from the precedent induction either of a *direct* or an *indirect* irritation, this remedy seems not only to restrain it within legitimate bounds, but to control the symptoms of which it is the "*fons et origo.*"

I have been much disappointed with the hypodermic use of morphia as a curative agent in rheumatism, gout, and neuralgia. When the nerves or their centres are temporarily subjected to a violent disturbance—when the affection is functional rather than organic—this remedy acts with admirable promptness and certainty. It then seems to be a veritable *imperium in imperio*, reducing everything within its reach to a condition of absolute dependence, and enforcing its authority by a talismanic but resistless power over each recusant atom and rebellious element of the organism. Abating all disturbing causes for the time being, removing every source of annoyance, and inducing in the system a condition of profound quiescence—of undisturbed repose—it so refreshes and invigorates the vital principle as to insure for it an easy victory over such affections as have not produced a positive and appreciable change in the economy, and thereby become an integral portion of it.

This mode of medication has no power, of course, over structural changes, morbid deposits, blood-poisons, and such diseases generally as possess a fixed, determined, and organic character. The pain in *rheumatism* is but the accompaniment of an inflammation resulting from certain recondite changes in the economy, whereby a morbid product or poison is eliminated, which acts as an irritant, especially to the nerves of the part invaded; and although the intensity of this symptom may demand the employment of potent remedies for the immediate relief of the sufferer, the disease of which this phenomenon is a mere exponent—the real cause of the disturbance—remains intact, prepared to reassert its supremacy so soon as a favorable occasion presents itself. The curative influence of narcotics in this connection is therefore unsatisfactory, evanescent, and delusive.

Sometimes, however, after the lithic acid has been neutralized, and the tendency to its development restrained, the irritation originally induced in some particular part remains behind, as a memento of the virulence of the influence to which the system has been subjected, leaving as its predominating characteristic an acute and al-

most continuous pain. Under these circumstances the hypodermic administration of morphia is a most valuable remedy.

All that has been said of *rheumatism* will apply equally well to *gout*, and to *rheumatic gout*, which is undoubtedly a distinct disease.

When *neuralgia* depends upon some trivial cause, as an error of digestion, over-fatigue, exposure to vicissitudes of temperature, etc., or whatever produces simply an irritation of some nervous filament or centre, an injection of morphia will ordinarily relieve it thoroughly and at once.

Again, when the system has been worn down by pain, and a general spænemic condition exists in connection with either one of this class of affections, morphia may be advantageously used as a means of affording temporary relief—of inducing a condition of repose—which, though of brief duration, is a veritable Elysium to the distracted invalid for the time being.

After the disease has become the fixed and permanent habit of the system—after it has acquired an organized and organic character—nothing can be accomplished by this mode of medication, save a transient abatement of the pain. Its mission is to soothe, not to cure—to control a distressing symptom, but not to eradicate the disease.

The effects of *aconite* and *atropia*, used hypodermically, are equally as transient, though usually more localized and less controllable than those which result from the employment of morphia. They may be combined with opium, especially atropia, not only for the purpose of serving as a physiological restraint upon the toxic effects of that drug, but as adjuvants and coöperators to its therapeutical properties.

Tobacco as a Remedy in Otalgia,

is extolled by Dr. Thomas C. Osborn in the *New Orleans Med. and Surg. Journal*. The cases in which he resorted to it were mostly neuralgic, due to malarial influence. The first case in which Dr. O. resorted to it was in a little girl in the second or third hour of a quotidian paroxysm of otalgia. The mode of application was very primitive, and will probably not be adopted generally in practice. It consisted simply in conveying a quantity of the Doctor's saliva, saturated with tobacco, into the patient's ear. In a few moments the patient was quiet, free from pain, and soundly asleep. The local use of tobacco in ear-ache has since passed into the hands of the people in the Doctor's neighborhood as a very efficient remedy.

Dr. O. also speaks very favorably of local applications of tobacco in cases of *prurigo* preputii, scroti, podicis, and pudendi muliebris.

Communications.

THE ACTION AND THERAPEUTICAL VALUE OF CIMICIFUGA RACEMOSA.

By D. A. Morse, M. D.,

Of Alliance, Ohio.

A description of this plant is unnecessary, it being given in the *Dispensatory*, as well as our text-books upon botany. Having been thrown in contact with a large number of medical men, during the past few years, I have instituted an inquiry to obtain information of the value of this plant, as well as the extent to which it has been employed by professional men. The fact that it exists in almost every portion of the United States east of the Mississippi, in great abundance, and is employed by the non-professional part of the community with great benefit, in a multitude of ills dependent on nervous disorder, contrasts strangely with the limited extent to which it has been used, many practitioners never having exhibited a single dose of the remedy.

The attention of the profession was first drawn to this plant by Dr. Jesse Young, who had exhibited it with success in chorea. European journals copied his article, and, as a result, many of their readers exhibited the remedy with decided benefit.

Cimicifuga in its action is tonic, diaphoretic, and anti-spasmodic, according to its mode of administration. A warm infusion is diaphoretic and anti-spasmodic; a cold infusion, tonic. Cimicifuga, though possessing in a great degree the power of controlling nervous excitement, does not have the power of valerian in effecting *immediate* results. To this is due, no doubt, the little favor it has received from many who have employed it, and subsequently relinquished it for other remedies.

The class of diseases in which it will be found of benefit, are those of nervous debility and prostration, attended with irritability and excitement. Hence, it is of value in chorea, epilepsy, hysteria, many forms of dyspepsia, rheumatism, etc. In these disorders there is not only loss of power in the nervous system, but excessive irritability. There may be present a continued cause of irritation, though unfelt, and unperceived by either patient or attendant. The indications for treatment then become plain, though it may require much skill, and exhaust the patience of both practitioner and patient, before these indications can be met in a satisfactory manner. Like every remedy of value, it requires the aid of other

remedies; and here again has frequent failure in its use resulted, the proper aid to its use not having been given. I can illustrate its use in no better way than to recite the history of a few cases.

In 1862 I was consulted by a carpenter, of about thirty years of age, a victim of epilepsy, and a long train of nervous disorders, resulting from venereal excesses. He was married, and *professed* to have been guilty of no youthful indiscretion. He suffered from indigestion, great muscular debility, pain in the sides, limbs, and back; and at times, severe and painful retraction of the testicles. He was incapacitated for performing duty as a married man, emission taking place without an effort. He was placed upon an infusion of cimicifuga, strongly impregnated with quinine. A pill of hyosciamus and camphor exhibited at bed-time, and cold affusion of the body and inferior extremities ordered to be employed. Each morning he applied tinct. of camphor to the abdomen, thighs and back, freely. He was under treatment four months, no change being required in the form, except occasional doses of podophyllin to excite the secretions of the liver, when he was dismissed, enjoying good health. He engaged in his daily pursuits, and was able to perform his labor without difficulty.

In the case of a child two years old, subject to epileptic convulsions, and which had insufficient muscular strength to support it upon its feet, though muscular, and in no way deformed, a cure was effected in two months, by the use of powdered cimicifuga, quinine, and iron by hydrogen. The child acquired the power of using its limbs in its support, and soon learned to walk.

In the case of another child, nearly three years old, which suffered frequent epileptic convulsions, and which from want of nervous power was unable to walk, great benefit was derived from the use of equal parts of tinct. of cimicifuga and fluid ext. valerian. This child was very fleshy; suffered attacks of indigestion, when a convulsion was a certain attendant. Two spinous processes of the lumbar vertebræ were deficient, though none of the troublesome accompaniments of spina bifida were manifested. A space in which a proper formation of bone was wanting, could be distinctly perceived, part of the arch being evidently only ligamentous. This child improved in strength, and was able to walk; the convulsions were arrested for several months. When green fruit appeared, and provoked intestinal disturbance, the convulsions returned. The parents not desiring to incur the expense of long-continued treatment, the case passed from my observation.

I have cited this to illustrate the necessity of continuing our efforts for a long time.

In the case of a lady aged fifty, who had suffered from insolation two years before, but who had a shattered nervous system, a perfect cure was effected. This lady had been engaged in the harvest field, when she succumbed to the influence of heat. For the sequela she had been subjected to the use of a multitude of remedies, and was evidently sinking into a state of hopeless dementia. A prominent physician had pronounced the case one of hopeless insanity.

I was requested to visit her by her husband, and give an opinion concerning the case, as to the probable amount of relief to be obtained from medical treatment. I stated that I had no doubt the result of treatment would not be as favorable as could be desired, but that no opinion could be formed in the case. I was requested to prescribe.

At this time there was intense pain, located by the patient at the vertex of the cranium. She would continually exclaim, "can any body tell me what I shall do for my head." No information could be obtained upon any other point. The skin was hot and dry; the urine and fæces were voided in the bed.

During the morning, vomiting continued for an hour or more. She had taken strychnia, quinia, mercury, and a variety of drugs. She suffered from an intense buzzing and ringing, which was, as would be expected, one of the most persistent manifestations. A quack had poured melted butter in her ears to relieve this condition. This was dependent upon irritation. She was ordered to take a mixture of equal parts of tinct. of cimicifuga and fluid ext. of cypripedium. Blisters were applied behind the ears, and renewed whenever healed. She took a teaspoonful of the mixture every four hours, for three weeks, when a slight improvement was noticed. The vomiting was only occasional. The bowels moved but once in two or three days, and due notice was given by the patient previous to the operation. A liniment of tinct. of capsicum and camphor was applied to the back. I now added fluid extract taraxacum, and two grains of iodide of potassium to each dose of the mixture, and in a few days gave in addition to this, one-fourth grain of ext. nux vomica, three times a day. This was continued several weeks, the patient slowly improving. She become able to ride out, and was progressing well, when she received a fall in getting out of the buggy. This produced no serious injury, but caused so great a "shock," that she

was unable to sit up for several days. The remedies, however, were persisted in, and in a few weeks she was able to walk a short distance.

She was under treatment about six months, at the end of which time she walked two miles to my office, and returned with no bad results.

She suffered from constipation, and for this I continued small doses of nux vomica, which entirely removed all trouble.

In several cases of difficult menstruation, attended with severe pain, cramping of the limbs and stomach, and a manifestation of hysteric symptoms, I have effected a cure, by exhibiting fluid ext. cimicifuga and cypripedium, with ext. nux vomica, lactate of iron and quinine.

The cure has been permanent.

In chorea, hysteria, and neuralgic affections, combined with quinine and iron, it has no equal in the materia medica. As an evidence that the additional remedies are not the successful agents, we have repeatedly known them to fail until the cimicifuga was added.

In diphtheria, attended with great prostration, a warm infusion, with two-grain doses of quinine, will often cause the most alarming symptoms to abate. It produces copious perspiration, the pulse assumes a more normal condition, and great relief is obtained. The elimination of the poison is aided, irritation removed, the patient supported, and we are able to hope for a more favorable termination. Other remedies may be administered as indicated.

In irritative dyspepsia, combined with quinine, it gives tone to the debilitated nervous system. I cannot think it necessary to recite a long list of cases in which it has proved useful.

The remedy must be continued for a long time. There is no class of cases in which this is of greater necessity than in hysteria and disordered menstruation. If continued for several weeks it will afford relief. Fluid ext. of cypripedium will be found to be an almost indispensable adjuvant, relieving present nervous excitement, and when long continued, leaving a permanent impression.

It is common for many to administer cohosh until the female passes the menstrual period. If she has suffered pain it is suspended, and something else substituted. This should not be done, but the remedy continued, and it will be rare cases that will resist its influence more than two months before improvement is manifested. For the exhausted student, or for exhaustion from physical exertion, it is far more useful in procuring sleep than a "*night cup*" of *toddy*. It is more useful in debility from loss of semen, than bromide of potassium. In these cases, combined with quinine, I have never known it fail in giving relief. It gives tone to the nervous system, removes irritation, procures sound and refreshing sleep, and cannot be dispensed with. It is an invaluable agent in spermatorrhœa, and will prevent nocturnal emissions. Its whole action is directed to the nervous system; and when it is desirable to correct long-standing disorder, it must be continued often for months. It will then be found to increase the secretions, invigorate and strengthen the nervous system, and remove functional nervous disorder by removing irritating causes, except foreign substances.

Hospital Reports.

Jefferson Medical College,
December 8th, 1866.

Surgical Clinic of Prof. Gross.

Reported by Dr. Napheys.

Strumous Ophthalmia.

Catharine L., æt. four years. This child is anæmic, and feeble in appearance. The margins of the eye-lids are red, and although the sight is unimpaired, she cannot look at the light very well. She looks downward, screens the eyes frequently by closing the lids, and gazes at objects in an oblique manner. She often buries her head in her mother's lap, to exclude the light. There is some lachrymation, and an adherence of the lids in the morning. The child has always been delicate; she is pale, has cold hands and feet all the time, soft and flabby muscles, a large upper lip, and a tumid abdomen. Her teeth are worn away.

The patient is suffering from scrofulous ophthalmia, the prominent symptom of which is photophobia, or intolerance of light. There is, in this affection, very little vascularity of the conjunctiva or sclerotic coat. In this case the eye is quite clear. Nevertheless, there is inflammation involving the cornea, and also frequently the deep structures of the eye, dependent, there is reason to believe, not upon tubercular deposit, but upon a tubercular atmosphere. More or less lachrymation is always present, and a little discharge, but seldom much mucus, or muco-purulent fluid, rarely more than is sufficient to glue together the eye lids in the morning; attended frequently with inflammation of the Meibomian follicles. There is always constitutional involvement; the blood is impoverished, destitute of the requisite amount of fibrin and coloring matter, and the solids participate in the morbid condition. The patient has exceedingly flabby muscles, is comparatively feeble, is not well nourished; the upper lip is tumid, the abdomen more or less enlarged, the extremities cold, showing defective circulation in the outskirts of the frame, the digestive functions are more or less disordered, and in fact there is almost universal derangement in consequence of the peculiar

impress on the system of the tubercular state. This affection is most frequently met with in early childhood, in this respect resembling scrofulous disease of the spine and of the hip.

The following treatment was ordered:

℞. Quiniæ sulphatis, gr. ½.
Hydrargyri bi-chloridi,
Morphiæ sulphatis, āā gr. 1-20. M.
4 times daily, in solution.

Quinine is the great remedy in this disease. It allays morbid sensibility, and relieves photophobia more effectually than any other article of the materia medica. Morphia soothes the system; mercury is added to the prescription with the view to an alterant effect. Concentrated nutritious food was enjoined. She should have oysters, lamb chop, tenderloin steak or boiled fish, roasted lamb or chicken, potatoes, stale bread and milk; for breakfast and dinner a little meat; for supper, a half glass of milk and a piece of bread will be sufficient. The child should be put in flannel, thick shoes and stockings worn, and the skin be washed once every third or fourth day with tepid salt water. She ought to be permitted to go into the open air, when the weather will permit of it, wearing a green shade over the eyes.

Torticollis.

Maggie D., æt. four years. The head has always been twisted over toward the right side. The clavicular attachment of the right sterno-cleido mastoid muscle is firm and tense; the sternal is less so, but is also rigid, and the distance between the mastoid process, and the clavicle and sternum, is less by one and a half or two inches than on the opposite side.

Torticollis, or wry neck, may be congenital or acquired; more frequently the latter than the former. It is usually a consequence of the inflammation of the sterno-cleido muscle or its sheath. It is not uncommon after severe colds, and attacks of rheumatism or gout. Sometimes it results from external injury, or it may be induced by holding the head in a vicious position.

The proper remedy is division of the affected muscle, upon the same principle as that on which the tendo-Achillis is divided in club-foot, or the internal straight muscle in convergent strabismus. The operation is subcutaneous. First, the clavicular, then the sternal portion of the muscle is severed a short distance above the clavicle,—three-fourths of an inch, or an inch,—care being taken not to interfere with the deep vessels or nerves in this situation, avoiding them by keeping the instrument in close contact with the muscle. Sometimes it becomes necessary when the contraction is very great, and associated with alteration in the bones of the neck, as occasionally happens in cases of long standing, to make use of an apparatus of peculiar structure, on the same principle as the employment of Scarpa's shoe after the operation for club-foot.

The claviular origin of the sterno-cleido mastoid muscle, was first divided, and then the sternal in the manner indicated; in this way all the tension was relieved and the head of the child liberated, so that she could throw it back and move it to either side with equal facility. No blood was lost by the operation. The child was directed to be kept in a warm room and to have no meat for a few days.

Result of Castration, performed November 24th.

Joseph C., æt. 38. Two weeks ago this man's right testicle was extirpated on account of syphilitic disease, vide p. 48. The parts, four or five hours after the operation, were brought together with four twisted sutures passed deep through the structures so as to approximate the deep portions of the wound, to prevent hæmorrhage and promote cicatrization. The parts have healed in great measure by first intention, and there has been no secondary hæmorrhage whatsoever. The spermatic cord was encircled by a wire ligature with the intention of allowing it to remain during life, but some ten or twelve days after the operation it came away from ulcerative action without any hæmorrhage. He has no pain, sleeps well, is improving in flesh, and everything is going on kindly.

The left testicle was involved in the disease, and, at the time of the operation, very considerably enlarged, much more so than it is now. It is gradually diminishing in size, and is free from tenderness. It is not only diminishing in volume but likewise in consistence, the induration gradually disappearing. The man has been in the use of the iodide of sodium and the bichloride of mercury, and a nutritious diet since the operation. This treatment will be continued for some time longer.

The left testicle may now be strapped with advantage. This is an admirable mode of treatment in subacute and chronic inflammation of this organ. It was first practiced in the early part of the present century in the Pennsylvania Hospital. The late Dr. Hartshorne was the first to employ it. It consists in the application of a number of adhesive strips long enough to encircle the testicle, arranged so as to overlap each other successively from above downward. When both organs exist, the unaffected one is drawn away from the opposite, and, the parts having been prdviously shaved, the first adhesive strap is applied over the lower part of the spermatic cord just above the epididymis. It is applied with great firmness, so as to produce a sort of constriction as it were. The next strip is put on in such a manner as to over-lap the first about one-third of its breadth. Thus the application is continued until the whole organ has been embraced by these circular bands. Then the base of the tumor is included in a similar manner, by arranging the strips vertically. The object, is to make firm tight compression, to stimulate the absorbent vessels to a removal of the effused fluids upon which the hardness and enlargement depend. This application is not to be made during the acute stage of inflammation of the testicle, but so soon as the inflammation assumes a sub-acute character, or is deprived in great measure of its violence, then it answers an admirable purpose. One advantage is, that the patient when treated in this way is able to walk about in pursuit of his business or pleasure. Striking effects usually follow in the course of a very short time. At the end of twenty-four hours the application is obliged to be re-

newed, because at the expiration of this time, such is the diminution of bulk, that the testicle slips away from the straps. Sometimes it is not tolerated, and then it should be removed. The strips should not be more than half an inch in breadth.

The testicle was strapped in the manner described.

Scrofulous Adenitis.

James R., æt. two years and three months. He has been sick for three weeks. There is a swelling of considerable hardness and some extent, occupying a diameter of about one and one-half inches at the angle of the jaw on the left side, immediately in front of the sterno-cleido-mastoid muscle. A slight glandular enlargement exists on the opposite side. The child has light complexion, bluish eyes, and light hair. Stomach is not large, hands and feet are warm, and there is no discharge from the ears. He has never had measles nor scarlet fever, and has always been healthy. His skin is hot at night, his cheeks red and flushed, he is restless and asks for water. He has no fever during the day. His appetite is poor.

The tumor on the left side of the neck consists of an enlargement of one or more of the lymphatic ganglions in that situation. Under the influence of cold, disorder of the digestive apparatus, or the syphilitic or strumous diathesis, these glands are exceedingly liable to take on enlargement. It constitutes the form of disease to which the term scrofula was originally applied. This affection, although sufficiently common at the present day, is by no means so frequent as it was thirty or forty years ago, certainly much less so than at the time of Queen Ann and the Charleses. The term scrofula was then rigidly applied to this affection, from its resemblance to a little pig. The word scrofula has now a much wider application, being used with reference to diseases of the joints, the spine, the eye, the arachnoid membrane, and the lungs. The subjects of scrofulous disorder, as it occurs in the lymphatic glands, are young children, usually under the age of ten years, or at all events, under the age of puberty. They have generally a light complexion, light hair, light eyes, a tumid abdomen, and cold extremities. The disease is apt to be developed after severe attacks of other affections, as cholera infantum, measles, or scarlatina; exposure to cold is also a very common cause. Along with it eruptive diseases of the skin, of various kinds, are frequently met with; sometimes discharges from the ears, or sore ophthalmia, or strumous disease of the ball of the eye, or scrofulous disease of the hip or knee-joint, or Pott's disease of the spine, coëxist. The blood is not vitiated exactly, but it is impoverished.

This affection is present in this case in a slight degree, and it is of recent standing; not chronic, as so frequently happens. He was ordered

℞. Hyd. chlor. mit., gr. j.
Pulv. rhei,
Sodæ bicarb., āā gr. ij.

every other morning, to correct the secretions, which are frequently very much vitiated, and to improve the appetite. After three or four doses have been given, the medicine will be omitted entirely, or used in smaller quantity or less frequently. Inasmuch as the child is pallid, has a poor appetite, and no doubt imperfect digestion, he will take one-half a grain of quinia and five drops of the tincture of the chloride of iron three times daily. As a local application, the tincture of iodine, one part to five of alcohol, will be used once in the twenty-four hours. He should be kept warm, have a good nourishing diet, and take three times in the twenty-four hours, a teaspoonful of whisky in a tablespoonful of water and a little sugar. Ablutions should be performed daily with tepid salt-water, or water impregnated with a little mustard or alcohol, as it is primarily important to keep the skin in a healthy condition. In warm weather, the salt towel may be used to make friction after a bath.

Cheiloplasty.

Fanny S., æt. 11. Three years ago, during an attack of typhoid fever, mortification took place in the lower lip, the jaw-bone became necrosed, the teeth dropped out, and a large gap was made in the lower lip. Such a result as this may occur in the low depressed state of the system attendant upon typhoid fever, protracted dysentery, scarlet fever, and other disorders producing a great drain upon the general vitality, in consequence either of the suffering occasioned by the disease, or from the want of nourishment. Under such circumstances mortification takes place very frequently on the lip, in the upper or lower jaw, or both; sometimes in an extremity, in the top of the nose, or in an ear. In some cases such effects are brought about by ptyalism. From its exceeding liability to set up inflammation apt to terminate in this way, mercury is dangerous when exhibited in low conditions of the system.

In remedying this deformity it will be necessary to dissect up the integuments from the lower jaw for some considerable distance, so as to bring the contiguous surfaces of the gap in apposition with each other. Unfortunately, the tissue around the opening is nodular, and consequently is exceedingly liable to slough, which is the great danger in cases of this kind.

The child was placed under the influence of chloroform, and the gap closed by sliding flaps forward, the parts being liberated thoroughly from the jaw-bone. The central wound was closed by three interrupted and three twisted sutures, the two lateral wounds being gently closed with the interrupted suture. The chief risk, after the operation, will be from erysipelas. She has been on the use of the tinctureof the chloride of iron as a prophylactic.

A New Probe.

The *Cincinnati Journal of Medicine* quotes from the *San Francisco Medical Journal*, Dr. V. Gelcich's description of a new probe, an efficient substitute for the Nélaton probe. The new probe is made of white pine, which, when it comes in contact with lead, shows the marks of this metal as clearly as the Nélaton probe. Dr. Gelcich used it with success while a medical officer in the United States Army.

Medical Societies.

NEW YORK PATHOLOGICAL SOCIETY.

January 23d, 1867.

Laceration of Liver; Aneurism of Aorta; Sacro-iliac Disease.

Among the specimens presented, was one by Prof. Wood, of a liver which had been lacerated by external violence, and which contained large quantities of hydatids; another by Dr. Neuman, of aneurism of the aorta beneath the pericardium, where, owing to the thinness of its coats in this portion, it had, as is usual, ruptured, before acquiring a size greater than a common walnut.

A specimen was also presented by Prof. Hamilton, of

Sacro-iliac Disease,

upon which he remarked as follows:

I present a specimen illustrating disease of the sacro-iliac junction. The history of the case, as reported by Dr. Cory, my House Surgeon at Bellevue Hospital, is as follows:

Catharine Bradford, æt. 34; Irish; was admitted into Bellevue Hospital, November 26th, 1866. She had enjoyed uninterrupted health up to the commencement of the disease, of which she finally died. She had inherited no disease; had had no difficult labors, and had not borne children for five or six years; nor does she recollect having received a severe injury of any kind. In June last she began to experience pain across the loins, increased by efforts to turn in bed, and by lying upon the affected side. These symptoms became aggravated, and she at last noticed a swelling in the right lumbar region, which gradually increased until she was admitted to the hospital. When examined at this date, the swelling was distinct and fluctuating, and very near the surface; but there was no abnormal projection along the course of the spine, nor tenderness, except over the last lumbar vertebra, and over the right sacro-iliac junction. She complained of very little pain; what she had, being referred to the sacrum. While standing, she leaned upon the sound limb, and kept the affected limb very slightly flexed and abducted. On opening this fluctuating tumor, there was a discharge from it of a dark, unhealthy pus. Following up the canal, it was found to lead toward the vertebral column; but its precise origin could not be ascertained. She felt relieved after the abscess was opened, and in a few days was allowed to walk about; but in a short time the discharge began to increase, and the symptoms of consecutive fever became apparent. The pain, from which she had been relieved for a short time, returned; particularly in the course of the sciatic nerve, and over the sacro-iliac junction. She could not lie upon her right side, but was quite comfortable on her back, with her limbs *extended*. An attempt was made to dilate the sinus by a tent made of slippery-elm bark; but on account of the pain it caused, this was discontinued. On January 3d she had a chill, followed by a cold sweat; her stomach became very irritable, and the discharge from the sinus diminished. Chills then occurred daily, and the general symptoms of systemic poisoning were fully established. In a few days the right leg became œdematous and tender, and at certain points emphysematous; effusions occurred in the knee-joint; the limb became gangrenous, and she died January 11th.

Post-mortem examination showed fatty degeneration of the liver; some enlargement of the kidneys, but no other important lesions were observed until we came to the parts in the vicinity of the abscess. The abscess was discovered leading to the right sacro-iliac junction, where we found a large cavity in the vicinity of the bones forming the right sacro-iliac junction, which would contain five to six ounces of fluid. At the sacro-iliac junction, which was entirely involved, one sequestrum had become entirely detached. Extending the examination upward, it was found that the anterior portion of the fifth lumbar vertebra was exposed and roughened, and also the transverse process of the fourth, but neither were actually necrosed. Tracing the canal formed by the abscess outward, we found that it escaped through the quadratus lumborum, upon the outer edge of the sacro-lumbalis and latissimus dorsi, over the crest of the ilium, at a point four or five inches anterior to the posterior superior spinous process of the ilium. This point of exit is not infrequent, as it may easily emerge by the side of these several muscles, if it seeks a point of exit so low down as to pass only through the cellular tissue, which constitutes the lower margin of the lumbar aponeurosis. It is at this point that the true psoas abscess occasionally escapes; so that we might be led to suppose this to have been a psoas abscess. The matter having escaped through the muscular parietes, met with resistance from the integument, and flowed downward upon the gluteal region, as is not uncommon in these cases. Tracing the abscess in another direction, we found it passed forward into the sheath of the psoas magnus, entering the sheath just where it crosses the upper portion of the ilium, at a point where the sheath is exceedingly thin and easily penetrated. It then passed along the posterior wall of this muscle, between it and its sheath, without penetrating between its fibres, and continued its course down to the insertion of the psoas magnus and iliacus internus into the trochanter minor. The abscess had also dissected up the periosteum, from the anterior surface of the sacrum, and was pointing toward the coccyx. Some of the nerves emerging at this point were completely involved in the abscess. Posteriorly and below, a sinus led from the abscess backward, through the upper part of the sciatic notch.

Did this disease begin in the lumbar vertebra, or in the sacro-iliac junction? I believe that it began in the sacro-iliac junction, though it is unusual for an abscess to work upward. The greatly peponderating amount of disease at this spot seems to settle this point conclusively.

The inferences we draw from this case are: First, that a disease of the sacro-iliac junction may occur in an otherwise healthy person, without any apparent cause; certainly without great violence. Second: It may make very considerable progress without producing any very serious

disturbance in the general system. Third: That disease in the sacro-iliac junction may progress for months without any very marked lameness. This observation I wish to be considered as in violation of the rule, and as only exceptional in this instance. Fourth: That this sacro-iliac abscess may open like a psoas abscess upon the back, that it may take the course of the psoas muscle, or point anywhere in the perineum, or at the ischiatic notch. It is very well understood that "psoas" abscess, as the term is generally applied,—that is, an abscess originating in caries of those vertebræ from which the psoas takes its origin,—either from the last dorsal or four upper lumbar,—finds its way between the fasciculi which compose its heads, and actually penetrates the substance of the psoas muscle, causing serious destruction of it. But if the abscess should commence in the fifth lumbar vertebra, or in the sacro-iliac junction, and should make its way into the sheath of the psaos muscle, which it can do with great ease, upon the outer and posterior margins, then it may descend along the back of the muscle, as it did in this case, without entering it at all, and give rise to no characteristic symptoms of a psoas abscess.

I believe we can in some cases make use of this circumstance of ability or inability on the part of the patient, to extend the thigh upon the body, in determining whether the abscess originates in those vertebræ from which the muscle takes its origin; or in the fifth vertebra, which is below, or from the sacro-iliac junction. Possibly, had this disease been diagnosticated in the early part of its existence, and had the patient been kept in the recumbent posture, and lying on the sound side, its progress might have been arrested.

Editorial Department.

Periscope.

[The following extract from the report of Dr. T. A. Reamy on Obstetrics, to the Ohio Medical Society, should have appeared in the Reporter of Jan. 12th, in which was published Dr. Hildreth's criticism on it, but it was mislaid.—Ed. Med. and Surg. Rep.]

Rupture of the Membranes, Artificial Dilitation of the Os, and use of Ergot and Chloroform as a means of shortening tedious Labor.

In March, 1865, Dr. C. C. Hildreth, of Zanesville, Ohio, read before the Muskingum County Medical Society a paper on the above subject, which, after some revision, was published in the April number of the *American Journal of Medical Sciences, for* 1866, page 361. As the published article will reach and influence many more practitioners than the original paper, I shall make my quotations from it, and proceed briefly to examine the soundness of the advice given. He says:

"I have found chloroform very valuable in all instrumental deliveries and operations; in puerperal convulsions, by whatever cause induced; and in all cases of version. But the chief value of chloroform is in tedious, lingering labor, arising from rigid, undilatable os uteri, and accompanied by too feeble or excessively painful contractions. In such cases chloroform acts like a charm. Under its influence the rigid os becomes soft and pliant, the mucous follicles of the uterus and vagina pour out their secretions in abundance, and labor progresses rapidly. Obstetrical authorities advise us in nearly all cases to leave the membranes intact until the os uteri is fully dilated. With the patient under chloroform, I am confident this advice may in many cases be disregarded, with perfect safety to both mother and child. It has been my practice, in lingering labor, to administer chloroform, rupture the membranes and discharge the waters freely. By this practice we add very much to the energy and efficiency of the uterine contractions. An over distended bladder is nearly paralyzed, and cannot contract until part of its contents are removed by the catheter. So we often find the uterine muscular fibre so over-distended that its contractions are almost powerless. As the last pains of labor are usually strongest—simply because part of the uterine contents are expelled—so the first pains are rendered more efficient by diminishing the capacity of the organ. The patient under chloroform, and the waters discharged, if the os uteri does not dilate easily, I have found the occiput of the child, and the well lubricated fingers of the accoucheur carefully applied, as safe, and much more efficient dilating instruments than the bag of water."

Dr. Hildreth is one of the oldest, and justly ranks among the most intelligent practitioners of the State. His opinions and statements will command, therefore, as they ought to do, the attention of many practitioners. Hence I have quoted him at length, in order that I may not misrepresent him in the few strictures which I deem it my duty, as an obstetric reporter, to make upon his advice:

1st. As to the early rupture of the membranes. This is not only contrary to the accumulated testimony of the medical world, but is contrary, we think, to sound reason. If this course were advised only in cases of a morbid character, where from an excessive quantity of amniotic fluid over distension really exists; or to cases where the presence of several children caused enormous distension, so as to thin, and therefore, weaken the uterine walls that they could not contract with sufficient power, it would be well. But Dr. H. makes no such distinction; he advises rupture of the membranes simply because there is an "undilatable os, accompanied by too feeble or painful contractions." It will be noted, also, that he ruptures them when the patient is "under chloroform," which, he says, "acts like a charm." "Under its influence the rigid os uteri becomes soft and pliant; the mucous follicles of the uterus and vagina pour out their secretion, etc., etc." Now if these results follow the administration of chloroform, rupturing the membranes must be simply to remove "feeble" or "painful contractions," for it would certainly be meddlesome midwifery to impose mechanical interference in a case where

therapeutical results are so grand. Again, at page 363, *American Journal of Medical Sciences*, Dr. H. says: "Ergot is our most valuable and efficient remedy for feeble uterine action." A small dose repeated at intervals of fifteen or twenty minutes, will increase the frequency and energy of the uterine contractions, or bring them up to the natural standard." This reduces rupture of the membranes, therefore, to removal of "painful contractions." I know of no process of interference which could with greater certainty produce painful contractions. At page 362, Dr. H. says: "In lingering labor, FROM ANY CAUSE, I am well convinced the rate of mortality to mother and child will be much diminished by the use of chloroform; the early rupture of the membranes, and the discharge of water, by the artificial dilatation of the os when required, etc., etc." No distinction is made here between lingering in the first or second stages of labor. Now it is conceded by all good authors, that very little danger, either to mother or child, attends a tedious *first stage*. The danger is when we have delay in the second or expulsive stage. This is especially true as to the child. The first stage, or that of dilatation, may continue almost indefinitely, and as long as the membranes are intact, or the child floating in the amniotic fluid, no danger exists; but rupture and discharge that fluid, and we endanger the life of the child, not only by direct pressure of the uterine walls made upon it, but by continuing that pressure through first and second stages both. Moreover, if the presentation should be such as to demand turning, we render that operation ten-fold more difficult, by reducing the space between the uterus and child, and rendering the uterine contractions more vigorous, thereby causing the introduction of the hand and bringing down the feet, not only difficult to the accoucheur, but eminently dangerous to mother and child.

Again. The early rupture of the membranes and the evacuation of the water, renders the proper management of the cord, when prolapsed, almost impossible. Indeed this would hardly be putting it in its proper light, for such a procedure would, in a case where the funis is prolapsed, cause the death of the child from compression of the cord in most cases before that accident could be detected, much less remedied.

But to get rid of one of the chief difficulties that would almost inevitably follow, not as a coincidence, but in my humble opinion, as a consequence of rupturing and evacuating, Dr. H. advises artificial dilatation of the os uteri with the "lubricated finger," as a "safe and much more efficient instrument than the bag of waters." Now, let us examine this but for a moment. Consider the tender and sensitive structure to be dilated; compare the "lubricated finger" with the soft and conical bag of water. Then consider the direction of the force applied. The finger drilling its way from without inward; the bag of water gently wedging its way by imperceptible degrees from within outward; the head of the child following it up as it prepares the way. It seems to me the mere tyro in mechanics, without any knowledge whatever of muscular physiology, could settle such a question, and would condemn the artificial dilatation, except as a stern necessity.

But we will call a few witnesses. CAZEAUX Midwifery, page 384, says: "Sometimes they (the membranes) are ruptured at the beginning of labor, which is thereby rendered more difficult for the mother, as also more dangerous for the child, especially when a considerable quantity of water escapes at the time."

HODGE's Principles and Practice of Obstetrics, page 420, speaking of regular and irregular contractions, says: "The premature discharge of the liquor amnii is very universally an aggravating cause, being followed not merely by the tonic contractions, but very generally by powerful expulsive efforts of the uterus. Hence, the abdominal muscles and diaphragm are prematurely excited, and the phenomena of the second stage of labor complicate the first. In this way not only are the sufferings of the mother greatly augmented, and her strength exhausted by unavailing efforts, but also the child is forcibly impinged against the cervix, increasing still more its rigidity. . . . . In other instances, however, they are the production of the most severe and dangerous accidents to which the parturient woman and her child are liable."

CHURCHILL'S System of Midwifery, page 271, says: "It is very certain that the dilatation of the os uteri in labor is liable to be very greatly impeded by the rupture of the membranes and the escape of the liquor amnii during or before the setting in of the first stage; not, however, from the bag of water as a wedge forcibly dilating the os uteri. The true cause of the retardation of labor from the early rupture of the membranes is because the pouch formed by the waters enclosed in the membranes, by adapting itself to the shape and inequalities of the cervix, makes more equitable pressure upon its fibres, and, consequently, subdues their resistance more equally than can any part of the child that may present without its intervention. The head by being brought too early in contact with the cervix uteri—by acting unequally upon its muscular fibres, while it overcomes the resistance of some, increases that of others, and thus delays the dilatation of the os uteri—and increases the sufferings of the female, by irritating it to an irregular and somewhat spastic action."—*Note by* CONDIE.

HODGE, page 430, says: "As regards the os uteri during the early periods of dilatation, all prudent practitioners condemn the use of the fingers and bougies, or other means to accelerate the process; and though such operations may be performed with impunity in many instances, yet they excite pain, irritation, and other spasmodic contractions in the os uteri—thus retarding instead of accelerating the process of labor. There is danger also of exciting inflammation, and even of causing laceration of the tissues."

TYLER SMITH, the authority to whom Dr. H. is partial, says: "Again, the uterus is sometimes enfeebled by premature rupture of the membranes. If, at the commencement of the dilatation of the os uteri, the liquor amnii be expelled, the uterine actions are generally increased beyond the natural strength; but there are cases in which the escape of the waters at this time

quite suspends the action of labor; the uterus appears baulked in its aims, and becomes inert for many hours, or even days. *In any case, the membranes should be preserved, unless the liquor amnii is excessive, with the utmost care* in natural labors, until full dilatation *has been reached.*—Smith *on Parturition*, page 486.

Your Committee has, in three or four instances, adopted the practice recommended by Dr. H., since his paper was read before the Muskingum County Medical Society. In no case has it done well. The labors were rendered more tedious, and in one case the child lost, from the second stage of labor being complicated with the first. We therefore condemn the practice—

1st. Because it is unnatural—substituting artificial for natural and efficient forces, making labor a pathological instead of a physiological phenomenon.

2d. It is meddlesome and officious interference.

3d. It endangers the life of the child by inordinate and early compression of the cord, placenta, and child, and by rendering proper management of a prolapsed cord difficult, if not impossible.

4th. It endangers the life of the mother and child, by rendering corrections of slight malpositions more difficult, and turning, when demanded, next to impossible in many cases.

5th. It injures the mother by the inflammation that may be induced of the cervix and other tissues.

In a case of tedious labor, when other means failed, the presentation being natural, the efficiency and speed of the process might be very much accelerated by separating the membranes from the cervix, (not rupturing them,) as recommended by Dr. Andrew Inglis—*Edinburgh Medical Journal*, July, 1865, page 24. The best practice is to give a full dose of opium or morphia, or chloroform by the mouth, or bleed freely, or use all of these means, as the case may require. After a few hours' sleep, the pains go on naturally and labor progresses favorably. Should this result not be attained, however, I would separate the membranes to as great an extent as possible.

Contents of Sputa.

M. N. Friedreich describes the following bodies as having been met with in sputa.—*Brit. Med. Journal.*

1. *Bone.* A patient suffering from tuberculosis, and vertebral caries, frequently expectorated pieces of bone, of the size of peas. They had the appearance of carious spongy bone, and under the microscope presented the true osseous structure. They evidently came from the vertebral column.

2. *Hæmatoidine.* A patient, who had pleurisy in the left side, was seized with circumscribed pneumo-thorax, and pyopneumo-thorax, preceded by very severe pain, dyspnœa, and purulent expectoration. Examined under the microscope, the sputa were found to contain innumerable crystals of hæmatoidine. Crystals of the same substance were also found in the pus contained in the pleura.

3. *Tyrosine.* A woman expectorated fibrinous casts of the bronchi, of a dirty gray color. Under the microscope they were seen to be composed of pus-cells, undergoing fatty degeneration, and of a finely granular detritus, imbedded in a fibrinous mass. There were also a large number of colorless crystals, having different shapes, but generally in the form of very long and fragile quadrangular octohedra. These were, M. Friedreich says, crystals of tyrosine.

4. *Amylaceous Corpuscles and Sarcinæ.* A woman had narrowing of the mitral orifice, thrombus in the right auricle, and in the pulmonary artery, hæmorrhagic clot in the apex of the right lung, and secondary pleurisy. She expectorated amylaceous bodies, having as their centre a dark or crystalline pigmentary mass; the sputa also contained very minute sarcinæ. These did not come from the mouth or stomach, but from the deeper parts of the air passages.

Local Anæsthesia in Dentistry.

At a meeting of the Odontographic Society of Pennsylvania, the proceedings of which are published in the *Dental Cosmos*, Dr. McQuillan, as chairman of the committee appointed to test the merits of Dr. Richardson's instrument for inducing local anæsthesia, made a report favorable to its use in the minor operations of surgery. Dr. Stellwagen furnished a table showing the painless extraction of 22 teeth, out of a total of 23; the one exceptional case being connected with a large abscess at the roots of the teeth (first and second right inferior molars) extracted. These cases occurred in the clinics of the Philadelphia Dental College.

Acute Rheumatism: Concretion in the Pericardium; Migration of a Swallowed Thorn into the Heart.

This interesting case, is quoted from the *Würzburg, Med. Zeitschr. and Gaz. Méd.*, by the *Brit. Med. Journal.* A man, aged 27, died of an attack of acute rheumatism with cerebral symptoms. At the autopsy, numerous tuberculous granules were found in the pia mater; also in the liver, the end of the ilium, and the cæcum, and a few in the lungs. The pericardium presented numerous adhesions, formed by a very vascular fibrous tissue. In the pericardial cavity was a flattened irregularly elongated body, of the size of a haricot bean, and of a yellowish red color. On being divided, it was seen to consist of a large central nucleus, hard as stone, and of a thin envelope arranged in concentric layers, the inner being the hardest. On being examined under the microscope, the capsule was found to be formed of irregular lamellæ and fibres, among which (except in the outer layer) were deposited calcareous granules. The nucleus consisted of calcareous matter, separated by a little fibrillary substance. On placing a piece of the nucleus in hydrochloric acid, the calcareous matter disappeared with effervescence, leaving a soft transparent membrane, consisting of amorphous substance with numerous cells like those of flattened epithelium, separate or aggregated. On the posterior wall of the left ventricle, near the septum,

an inch from the apex, was a cicatrical depression, four lines in diameter. Within the ventricle, the point of a thorn, (of the sloe) was found projecting into the cavity, being covered by a closely adherent layer of fibrine; the base lay in the septum. The valves were healthy. A year and a half before death, the man had swallowed a thorn, and had felt pain in the œsophagus, afterward in the heart. Mr. Kussmaul, who relates the case, supposes that the thorn traversed the œsophagus and pericardium, setting up inflammation in the latter, the results of which were the adhesions and concretions, and finally became lodged in the heart.

Temperature of the Body in Disease.

Dr. Da Costa, in relating a case of cancer of the stomach with latent symptoms, before the Pathological Society of Philadelphia, (published in the *Amer. Jour. of Med. Sciences,*) makes this important statement:

The temperature of the body was below 100° F., notwithstanding the progressive and rather rapid wasting. It is known that in tubercular disease, the thermometer indicates a heat much higher—a fever temperature. Shall we find it the rule, that cancerous affections show a comparatively low temperature? If so, many a doubtful differential diagnosis between cancer and tubercle of internal organs will cease to be doubtful. Dr. Da Costa has thus far four observations bearing on this point. In a case of cancer of the liver under his charge at the Pennsylvania Hospital, and which terminated fatally, the evening heat was never but a fraction above 99°; in a case of cancer of the mesenteric glands, of which the temperature was taken carefully by Dr. Edward Smith, it did not exceed 98°; in another case of internal cancer, it did not reach 100° F.

Neuralgia Relieved by Trephining.

Dr. J. T. Gilmore, of Mobile, relates this case in the *New Orleans Med. Journal.* The patient was a lady about fifty years of age, with a neuralgia of eight years' standing, occupying the branches of the fifth pair of the right side, and the spinal nerves to a point as far down as the lower angle of the scapula. On the left side, it was confined to the branches of the fifth pair. Her suffering was not continuous, but in paroxysms, recurring every few seconds. Pressure on the branches of the fifth pair of both sides would produce a paroxysm in these nerves. Both temples were considerably puffed, and there was some swelling at the lower angle of the scapula. No cause could be detected, except a fracture of the skull at the junction of the right parietal and frontal bones, received twenty-five years previously, by the kick of a horse, and the repair of which had been left to nature, leaving a marked depression of the skull.

The neuralgia, when it broke out eight years ago, had been preceded by a burning and throbbing sensation at this point. It attacked first the branches of the fifth pair of the right side, subsequently those of the left, and then gradually extended down as low as the point indicated on the right side. On the right clavicle there was an eccentric enlargement, situated about two inches from its sternal articulation, that approached in size a pullet's egg. Appetite and digestion had remained unimpaired.

Looking upon the depression of the skull as the cause of the neuralgia, Dr. Gilmore determined to operate. After the removal of a button about the size of a silver quarter of a dollar, he found that he had gone through nearly an inch in thickness of a bony mass, and around the internal circumference created with the trephine there remained a ridge, that tapered off into the thickness of the healthy skull. There was in fact an internal exostosis.

The neuralgia subsided immediately after the operation, and with the exception of two attacks of cardiac neuralgia, which occurred within a month after the operation, she remained entirely well. The enlargement of the clavicle commenced disappearing after the operation, and there scarcely remains a trace. It resulted, in Dr. Gilmore's opinion, from excessive nutrition produced by neuralgia at that point.

Reviews and Book Notices.

The Transactions of the American Medical Association. Instituted 1847. Vol. XVI. Philadelphia: printed for the Association. Collins, Printer, 705 Jayne Street. 1866. *Price*, $5.00.

Somewhat smaller in bulk than many of its predecessors, (having 591 pages of new matter,) this volume contains a great deal that is interesting and useful. The Reporter having given an account of the proceedings of the Convention at Baltimore shortly after its meeting, our remarks may now be confined to other subjects. First, and least agreeable to all readers, must be the statements of the Committee of Publication and Treasurer, that, owing to the very limited demand for the Transactions among the permanent members, the Association is in debt, for the printing of this volume, over four hundred dollars. As a plain account of the facts, the following language of the Treasurer, Dr. C. Wister, may be quoted.

"The permanent members of the American Medical Association will not purchase the volume of Transactions. Although local agencies have labored in the most important cities of the country, and circulars have been sent to individual members, while publication was made in the leading medical journals, the fact has been again and again demonstrated, that the members of the American Medical Association do not consider the volume of Transactions worth the cost of its production." "Unless this Association ceases to refer masses of matter for publication, and the bestowal of an annual prize, Vol. XVI. is the last volume that can be published."

Dr. Storer's address, as President, is an

admirably composed discourse, chiefly upon specialism and its relations to the medical profession. It begins with an exposition of some of the evils of abused or illegitimate specialism. When the subject is opened, "we recall," says Dr. Storer, "the days of our childhood, when Dr. A. was considered "good in fits," Dr. B. was "capital in fevers," Dr. C. was "excellent with children," and Dr. D. "had no superior in women's complaints." All this, of course, is undignified enough. The editor of the *London Medical Times and Gazette*, supplies us with a good hit at the extreme tendency to specialism in hospitals; good enough to be quoted here. He is speaking of a circular, begging aid for a newly instituted hospital for diseases of the heart, and remarks, "On the sound principle that we cannot have too much of a good thing, we venture to prognosticate a great success for two institutions, one of which shall take the *right* side of the heart, and the other the *left*. Clerical patronage will not be wanting. Bishops may be expected to interest themselves in the mitral valve, whilst the tricuspid may be left to the dissenters."

After a full showing, however, of the unprofessional and injurious nature of charlatan specialism, Dr. Storer concludes his address with a plea for the encouragement of its legitimate exercise. The following are his last words:

"We would not, then, discountenance the specialist, as such; we would not speak disparagingly of him; we would neither ridicule nor condemn him; but would cheerfully welcome as a co-laborer to our ranks, every well-educated, honorable, honest physician, to whatever portion of our science he may devote his time and his talents. Every atom he can add to our stock of knowledge, every grain he can place upon the mound already raised, shall be appreciated and rejoiced in; and as long as his conduct shall prove him worthy of our esteem, so long may he claim and possess it."

The section of the Association "of Medical Jurisprudence, Physiology, and Hygiene," reports some brief discussions, a long paper by Dr. S. Littell of this city, "On the Relations which Electricity Sustains to the Causes of Disease,"—a Report of the "Committee on Disinfectants," and a few pages of Remarks by Dr. B. Vaneuil Craig, on the use of the Permanganate of Potassa for the Purifaction of Water, especially during the prevalence of cholera.

Dr. Littell's paper is very well written, containing ideas which he long ago published, and similar to those of Sir James Murray and Dr. Craig of Ayr. Their peculiarity may be at once understood from the following paragraph:

"The fiction that there are floating in the atmosphere miasms which enter into the circulation by respiration or otherwise, acting as a poison to the blood, and severally producing scarlet fever, measles, small-pox, etc.,—for these diseases often prevail in the same neighborhood or household, and two of them sometimes in the same person—thus rendering the air we breathe, and which a merciful Providence intended to be a life-giving principle to man, a magazine of hostile elements warring for his destruction, may have appeared clear and satisfactory in the age in which it was invented; but, viewed in the light of modern discovery, it is, to my judgment, as absurd as I believe it to be unfounded."

Few scientific men, however, if any, besides the two above named, join with Dr. Littell in substituting, for the theory of *materies morbi*, that of deviations in the quantity, intensity, and distribution of vital electricity. If it be old fashioned, we are still with the majority in believing in the "miasms;"—yes, perhaps in as many, and quite as hard to fix, as are the thirty-nine articles of the Anglican Creed. Dr. Littell's practice does not appear to be so greatly modified as we might expect, by his theory; he only explains common actions in an uncommon way.

We reserve comment upon other papers of the Transactions for a future number.

—— Medical Prizes. The prizes of the French Academy for 1867 run as follows: Prize of the *Academy*: The Clinical History of Fibroplastic Tumors. *Portal* prize: On the Various Kinds of Melanosis. *Civrieux* prize: On Dementia. *Capuron* prize: On post-mortem changes of the fœtus in the living uterus—their character, and the means of ascertaining their date. *Amussat* prize: Improvements in Surgery, or Discoveries in Anatomy. *Itard* prize: The best *recent* work or memoir on Practical Medicine. *Godard* prize: The best memoir on External Pathology. All of these prizes are of the value of 1000 francs. Those for 1868 are as follows:

Academy prize: On sanguineous effusions in the substance of the tissues. *Portal* prize: On tumors of the encephalon and their symptoms. *Civrieux* prize: On psychological phenomena before, during, and after induced anæsthesia. *Capuron* prize: Treatment of uterine affections by mineral waters. *Orfila* prize: On Digitaline. *Godard* prize, as before. *Argenteuil* prize: For improvements in the treatment of stricture, (1863—1868,) 8000 *francs*. *Lawson* prize: The physiological and pathological effects of climate on men and animals—2000 *francs*.

Medical and Surgical Reporter.

S. W. BUTLER, M. D., *Editor and Proprietor.*

PHILADELPHIA, FEBRUARY 9, 1867.

CENSUS OF NEW YORK.

We are indebted to the New York *Tribune* for the publication, in advance of the official report, of some of the main results of the census of the State of New York for the year 1865, and which throw considerable light on some points of social science. The most interesting question of the natural increase of population—the decline of natural increase which has been claimed for the native-born population of the New England States, and apparently supported by incontrovertible facts and figures, render any further data, confirmatory or otherwise, of importance, and although we have been unable to draw from the facts given by the census any perfect conclusions, yet we lay them before the reader so far as they are deemed of interest.

The population of the city of New York is given as 726,386, that of the State as 3,827,818; a per centage of city to State of 18.98. But this is only *one* city. It is perfectly fair to estimate that *one-fourth* of the whole population of the State of New York (and the same is undeniably true of Pennsylvania) are residents of cities of over fifty thousand inhabitants. This is a very large per centage, far beyond any European standard, except England; and the influences to which our race is exposed by congregating and dwelling in cities, must be proportionately intensified, be it for good or for evil.

The population of 726,386 men, women, and children of the city of New York dwell in 49,844 houses, which gives a ratio of a little over 14.50 occupants to each dwelling-house. Or, to compute with the number of families, which is given as 148,683, we have an insignificant fraction less than three families to each house. This is a mere average. Thousands of families of the wealthy classes occupy dwellings by themselves, and the number of houses tenanted by more than the average number of families is much larger than of those occupied by less. This point, of the overcrowding of dwellings in this city, however, has become a matter of so general notoriety, that it is unnecessary to enlarge upon it here.

So also, the effects of this overcrowding upon public health and mortality have been too often stated to require repetition.

But this overcrowding, besides its ill effects upon public health, undeniably exercises a most deleterious influence upon public morals. "Vice prospers where large masses are congregated," is a truism as old as humanity. The *family* forms the groundwork of the State. In New York, in consequence of mere want of space, *true family life* among the *ten thousands* is almost an impossibility; and hence we find that the city, misruled, robbed, and plundered by her own citizens, could only have been resuscitated from the clutches of her destroyers by that part of the population of the State with whom the ennobling and refining *influences of family life* yet form the motive power of public action. Double the number of dwellings in New York, and beside reducing the mortality lists and improving the health of her people, you will do more toward breaking up groggeries and the whole system of physical and moral corruption, than all "metropolitan" laws and commissions, however rigidly enforced and judiciously selected, will be able to accomplish.

Leaving this point, we come to a part of the census which is replete with interest, as it introduces a new feature in determining the natural growth of population not hitherto generally adopted in censuses. We mean the inquiry into the *number of children in families* and the *number of children of each mother.*

From the table given we quote the following figures:

Classification.	*City.*	*State.*
Total number of families	148,683	709,931
Families without children	42,909	196,802
Families with one child	27,484	148,208
Families with two children	27,551	140,572
Families with three children	22,048	107,342
Families with four children	14,097	73,338
Families with five children	7,564	44,424
Families with six children	3,236	23,722
Families with seven children	1,366	11,250
Families with eight children	431	4,641
Families with nine children	121	1,630
Families with ten children	29	454
Families with eleven children	5	136
Families with twelve children	2	35

That is to say, in the city nearly 29 per cent. of families, and in the country nearly 28 per cent. are without children; while the per centage of families with but one or two children is 37 for one, and 40 for the other, (omitting fractions.) Or, in other words, of one hundred families in the city and State of New York, *sixty-six*, on an average, have either no children at all, or but one or two. Of families without children, in proportion to population, the number is considerably larger in the city than in the State.

Of course, these figures include only the children living and residing, we presume, in the State, and can therefore furnish no *precise datum* as to the real propagative power of the population. But the general conclusion is indeed unavoidable, on considering these figures, either that

the mortality of children in families having more than two, is large beyond all reasonable expectation, or that the system of "*no incumbrances*," the vice of INFANTIPHOBIA is pervading the State of New York to a most alarming extent.

But the figures furnished us by this census give still further insight into the propagative power of the population of this State.

Thus inquiries were made into the number of children born by adult females, whether the children were now living or dead, and whether present or absent from the family. It was intended to include females of advanced age, as well as those surrounded by their families, and the object was to obtain data for determining the natural increase of the population. The information was classified, to represent separately those of American and those of foreign birth, and runs as follows:

	Women of American Birth.		*Foreign Birth.*	
	City.	State.	City.	State.
Without children	3,247	74,366	18,246	40,886
One child	8,812	82,273	19,941	42,038
Two children	7,449	79,346	19,466	44,573
Three children	5,374	65,904	17,085	42,420
Four children	4,494	50,099	13,347	37,827
Five children	3,046	42,681	9,408	30,870
Six children	2,093	33,015	6,684	25,356
Seven children	1,396	25,242	4,182	18,160
Eight children	935	20,024	2,681	13,502
Nine children	634	15,164	1,880	9,677
Ten children	446	11,288	1,210	6,991
Eleven children	242	7,259	644	4,069
Twelve children	186	4,995	431	2,772
Thirteen children	115	2,431	238	1,440
Fourteen children	57	1,303	155	912
Fifteen children	18	512	86	891
Sixteen children	5	246	44	214
Seventeen children	4	89	16	93
Eighteen children	2	42	7	49
Nineteen children	3	31	7	28
Twenty children	2	14	4	19
Twenty-one children	1	7	—	10
Twenty-two children	1	7	2	7
Twenty three children	—	1	3	6
Twenty-four children	1	2	—	—
Twenty-five children	1	3	—	2

Thus as the total result we have 963,236 adult females with 3,531,363 children, or to each female a little over 3.50 per cent. Of the 993,236, 137,745 had absolutely no children, and 303,898 never had more than one or two.

As to the difference between city and State, while in the former it runs very little over 3 per cent., in the State it is over 3.50.

The question arises, whether a per centage of nearly 14 barren adult females in the whole adult female population of a State, and of 30 per cent. of females with but one or two children represents a healthy increase, sufficient, *without* addition to the population by immigration, to keep up the natural growth of population. We doubt it, and we look with the greatest interest to the full report of this census, and to reports from other States, embodying the same inquiries, for a solution of this interesting and important question. Dr. HOUGH, who has superintended the compilation of the census returns, deserves thanks for the introduction of these new and important features.

Notes and Comments.

A Valuable Work Lost!

We would call the attention of our readers to the advertisement by the Librarian of Pennsylvania Hospital for DALRYMPLE *on the Eye*. This valuable work has been taken from the Library—legitimately, without doubt—and no record is left of the name of the person who has it. Any one knowing where the work is, will confer a favor on the profession by communicating with us or with the Librarian.

Clitoridectomy.

The following letter of FORBES WINSLOW, who stands at the head of British authorities on insanity, published in the *Brit. Med. Journal*, is of interest.

"As Mr. BAKER BROWN has mentioned my name in his reply to Dr. WEST's letter, animadverting upon his excision of the clitoris in the treatment of certain forms of insanity, alleged to be associated with sexual irritation and exaltation, caused or promoted by habits of masturbation among women, I think, in justice to myself, I may be permitted to say that I never saw the operation performed, and have not in a single instance countenanced it.

"I have been obliged, during the course of my professional life, to examine many cases of insanity connected with great uterine irritation, and I am bound to confess that I have never detected any local vaginal cause for the mental condition. I now refer particularly to an enlargement or elongation of the clitoris necessitating its removal. I believe that in this type of mental disorder, the source of the disturbance is in the majority of cases situated in the *head;* and that Mr. BAKER BROWN begins his treatment of these cases at the wrong end."

Pneumonia.

Dr. E. H. SHOLL, of Gainesville, Ala., writes, "We have much pneumonia this winter, with extraordinary fatality. For eleven years, and more particularly this winter, I have noticed that an habitual drinker in this latitude, who takes pneumonia, *invariably dies*. This has been the experience of our oldest and ablest practitioners. Does the same experience hold good in your latitude?"

Homœopathic Wails.

We are told by the *New York Medical Journal*, that Dr. Watzke, of Vienna, has published a paper with the title, ominous to the homœopaths, *On the Causes of the Dearth of Homœopathic Recruits*. The dearth is also admitted in England, in the following comment on Dr. Watzke's paper by an English homœopathic journal: "We incline to think that the greatest reason is the want of theoretical and clinical professorships of homœopathy. A very large number of the allopathic profession would willingly study homœopathy, were there some *men* to *guide them*. Our literature wants arrangement, and our principles and practice require public demonstration."

Well said for a homœopathic journal.

Quadruple Birth.

Dr. W. S. Sharp, of Cadiz, Ohio, writes, "I attended Mrs. W., Jan. 15th, 1867, when she gave birth to four children, three boys and one girl; three living and one still-born; one has since died. As it was in the country, I had no means of weighing them, but I should judge they averaged about four and a half pounds each."

Public Urinals.

The following item, taken from the legislative proceedings of the State of New York will give comfort, even in anticipation, to residents and travellers in the metropolis.

Mr. M. C. Murphy gave notice in the Assembly of his intention to introduce a bill, providing for the erection of urinals every 250 feet along the principal avenues and streets in New York City, the same to be under charge of the police, the closets to be closed at 11, P. M.

Mr. Erichsen in Error.

Mr. Erichsen, in his last London edition of his work on Surgery, speaking of the dangers attendant on the attempt to reduce old dislocations of the hip-joint, states, that in eight cases the thigh bone has been fractured in the attempt at reduction, and that one of these cases happened to Prof. Blackman, of Cincinnati, adding, however, that "there is no proof that any undue violence was used in any of these cases."

Upon which Prof. Blackman, in the *Cincinnati Journal of Medicine*, comments as follows:

"Consolatory as the last sentence may be to those who have met with the accident above mentioned, we were not aware until reading the above, that anything of the kind had ever occurred in our practice. We have successfully reduced by manipulation, luxations of the head of the femur, after seven and a half, six, and four months, to say nothing of others, in which from ten to thirty days had elapsed after the luxation, and have no recollection of having had a fracture in any of the unsuccessful attempts we have made."

Medical Education.

E. D. Mansfield, Esq., the very intelligent special contributor of the *Cincinnati Gazette*, has the following remarks in a recent number of that paper on Medical Education. There are thoughts in the extract that are well worthy the attention of all who have anything to do with educating young men for the medical profession.

"Dr. McDermott, Surgeon-General of Ohio, says:

'None but graduates of regular medical schools were admitted to examination, and yet over eighty per cent. of these were rejected for incompetence. The ignorance betrayed by many of the candidates was deplorable, proving that the diploma of a medical college has ceased to be of any value as evidence of capacity.

'If it was the duty of the State, as all concede, to provide competent physicians for the soldiers, it is no less a duty to make similar provision for the citizens; and yet those rejected candidates, with hundreds of others equally incompetent, are now scattered over the State, pursuing their fatal trade with criminal recklessness.'—*Dayton Journal.*

"Dr. McDermott deserves thanks for this brief exposition of what intelligent men have long observed,—that medical education is fearfully neglected. Of course, there is another side to this. The well educated, practicing physicians were not among those examined, and make a large class. No one supposes that the medical profession has not many men of skill, science and high character. But there is no profession which has within it so large a proportion of unintelligent, unthinking, uneducated members. How happens this? Simply because the standards of medical education, the medical colleges, give men diplomas for a minimum of medical knowledge, and no knowledge of anything else. They go into the community with that diploma to try experiments of all sorts on the bodies and minds of their fellow citizens, with no judge, as with lawyers, to decide cases; no presbyteries or bishops, like the clergy, to determine their merits, and not even a chamber of commerce, like the merchants, to settle character. They go out, with lancet and pill box, with calomel and quinine, to deal with the *patient* community. Few escape so well as one who, being ordered to take pills, left the box untouched on the mantel piece. The doctor came in the morning:

> Quoth the Doctor—"My medicine did good,"
> "It did no harm, for yonder it hath stood."

"It is absurd to suppose that young men, without any preliminary education, can be fitted for

the medical profession by hearing four lectures a day for six months, with a few evenings in an anatomical room. The result is very injurious to the profession itself; for if the people must employ doctors hap-hazard, without any peculiar learning, most of them will be as likely to employ the disciple of Hahneman, *similis similibus;* or, the botanic with number six; or the hydropathist with ten gallons of extra water; or the galvanist with four metal rings, as the doctor of the regular profession."

☞ In the Reporter of Jan. 19th was published a communication on Pumpkin Seed in Tænia, purporting to come from "M. V. Culin, M. D.," of Delaware City, Del. We understand that it is a fraud—there being no medical man of that name in Delaware City. If laymen choose to give us their observations on the use of remedies, we hope they will do so *as such*, and not presume to give the sanction of professional authority where it does not belong.

The American Agriculturist and New York Evening Post.

The *American Agriculturist* besides being one of the best agricultural papers in the country, is a most uncompromising opponent of quackery and humbuggery of all kinds. We have often had occasion to commend it to the attention of our readers. We notice that by an arrangement with the New York *Evening Post*—of which W. C. Bryant is the editor—the weekly issue of that excellent paper and the *Agriculturist* are furnished at the low rate of $2,50 a year. The system of clubbing two or three papers, journals and magazines, together, combines variety and economy, as many of our readers know who take other journals and magazines in connection with the Reporter.

"The Sparkling Stream"

Is the title of a collection of Temperance Melodies which we have received from Charles M. Tremaine, 481 Broadway, New York. Temperance songs enlist the interest and enthusiasm of the young, and add greatly to the attractions of temperance meetings, and as our readers are all temperance men—if not, they ought to be—we would call their attention to this little work.

☞ We have received a remittance from Gallatin, Tenn., in a letter without a signature. Who sent it?

—— Examining Surgeons appointed by the Commissioners of Pensions.—Dr. E. V. Bell, Terre Haute, Indiana; Dr. John Russell, Winchendon, Mass.

Correspondence.

DOMESTIC.

A New Therapeutic Preparation.

Editor Medical and Surgical Reporter:

An addition to the materia medica has recently been brought to our notice, the effect of which in my experience of a few cases, has satisfied me of the propriety of recommending it to the attention of the profession, through the Reporter. It is called *Rhus Wine*, being prepared from the berries, or drupes, of the rhus glabrum, or sumac, in combination with water and saccharine matter. The wine contains in an agreeable and concentrated form, the well-known medical properties of the fruit from which it is made, modified by fermentation, together with a moderate proportion of alcohol, developed by the fermentation of the saccharine matter.

Fructus Rhus Glabrum has been long known and appreciated as a valuable pharmaceutic article, from its acid and astringent properties, though the only method of using it heretofore, has been by simple infusion. The Persians, by calling this tree or shrub *Sumek*, gave it its present popular name, and the Romans, who called it *Rhus* (the Greeks spelled it ῥους) gave it the name it now bears in Natural Science.

The utility of this wine as a medical agent, must of course be judged by the inherent qualities of the rhus glabrum. Its principal active ingredients, are known to be malic and tannic acids, and tartaric acid has also been obtained from the berries. As each of these acids also exists in the grape, their presence in the berries of the sumac, must be regarded as favorable to the utility of the rhus wine, though their larger relative proportion in the latter, especially of the tannic acid, must render it medicinally much preferable, in many circumstances, to either of the wines produced from the grape. By a variation in the process of making, either the malic or the tannic acid can be placed in the ascendant. It is understood that in future the rhus wine will be presented under two classifications, viz., *sparkling* and *still* wines. The former it is claimed will be preferable as a tonic-refrigerant; that in which the malic acid prodominates, acting as an aperient, and that in which the tannic acid prevails as an astringent. It is believed that the tannic acid of the berry, undergoes some important modification in the fermenting process, as its puckery taste, which is very strong when the fermentation commences, entirely disappears before it ends. On

the supposition, which appears possible, that a portion of the tannic becomes converted into gallic acid, the medicinal effect could not be greatly dissimilar, these being kindred acids. Another important distinction between the grape and the rhus glabrum, is, that *lime* is the alkaline base of the latter, and *potassa* the base of the former. Indeed the rhus, abundant as it is in the United States and over the world, does not grow in soils which are not somewhat calcareous.

The following extracts from Wood & Bache's U. S. Dispensatory, pp. 710, 711, give us information of interest on this subject. "Mr. W. J. Watson ascertained that free malic acid and bimalate of lime coexist in the berries, which contain also, upon the same authority, tannic and gallic acid, fixed oil, extractive, red coloring matter, and a little volatile oil." "Professor W. B. Rogers, found the acid (malic) to be combined with lime in the state of bimalate." "The flowers appear in July, and the fruit ripens in the early part of autumn. Mr. Watson found in the bark of the root, albumen, gum, starch, tannic, and gallic acids, caoutchouc, resin, coloring matter, and evidences of volatile oil." "From the experiments of Dr. Stenhouse, it appears that the tannic acid of sumach is identical with that of galls, being, like it, resolved under the influence of sulphuric acid into glucose and gallic acid; and this change is supposed to take place spontaneously in sumach when long kept." The malic acid is claimed by the maker of the rhus wine, to act the part of sulphuric acid above referred to, in converting the saccharine matter into the quality of glucose, by being brought into contact with it in the fermenting process.

This article, rhus wine, containing all the available properties of the fruit, with the addition of a very fine flavor, is commended for use in the same disorders as the common infusion, viz., sore throat, laryngeal and bronchial catarrh, dyspepsia, night sweats, diarrhœa, and, as a tonic and refrigerant, in fevers. My own experience with it has been chiefly in catarrhs, using it both as a gargle and stimulant, requiring the patients to swallow it after gargling, instead of rejecting it. We are indebted for this useful and pleasant preparation, to a clerical gentleman, Rev. Elihu G. Holland; its origin, I understand, having been derived from the simple circumstance of eating one of the ripe sumac drupes in August 1852, in the vicinity of the Catskill Mountains, and being encouraged by some medical gentlemen to undertake its preparation.

It may be obtained through the agency of Caswell, Mack & Co., Druggists of this city.

Respectfully yours,

John H. Griscom, M. D.

New York, January, 1867.

News and Miscellany.

Da Costa's Medical Diagnosis.

The *London Lancet*, in noticing the second edition of this excellent work of our townsman, says:

"We consider a work on Diagnosis to be essentially a pretentious undertaking, tasking the very highest and acutest faculties of the mind. The larger the scale of the work, of course, the more pretentious and the more difficult the undertaking. Dr. Da Costa's work is on a large scale. It includes all medical forms of disease. And we have to report that the undertaking has been admirably executed. We have been struck with the way in which Dr. Da Costa seems to have remembered every separate form of disease, though the plan of his book is such that he might easily have failed to do so. He has grouped diseases according to their marked symptoms, not in compliance with the usual pathological classification in systematic works. He has succeeded remarkably well also in stating those detailed points, the faculty of observing which, makes the difference between the diagnostic faculty of one physician and another.

* * * * * * * *

"Dr. Da Costa's book is of a kind for which there was good room in medical literature. It is quite up to the time, and discusses the value of the aid given in diagnosis by recent instruments, such as the sphygmograph, the thermometer, and the æsthesiometer. The publisher's work is well done: the paper, the type, and the compact binding of the volume really contrasts favorably with some books recently turned out by English publishers."

Importance of Ventilation.

Dr. J. Henry Bennet, in his lectures "On the Treatment of Pulmonary Consumption by Hygiene, Climate, and Medicine," published in the *Lancet*, mentions two remarkable incidents, demonstrating the importance of fresh air. He says:

"Some years ago I was riding in the Highlands of Scotland with a local proprietor, when we came upon a village of well-built stone houses with slate roofs, which strongly contrasted with the miserable shanties or hovels generally met with. On my complimenting him on his rebuilt village, he told me that he had acted for the best in erecting these good weather-proof houses for his tenants, but that, singular to relate, they had proved more unhealthy than the miserable dwellings which their occupants previously inhabited. Fever and other diseases had proved rife in the new houses. On examination, I found that the windows were fastened, and never opened; and I have no doubt that their comparative unhealthiness was in reality owing to their being quite weather-tight, and consequently unventilated. In the miserable hovels they previously inhabited, if the rain of heaven came in, so did pure air.

"The other fact is narrated by Prof. Hind, in

a recent interesting work on Labrador. Consumption appears to be all but unknown to the natives living wild in the fastnesses of this desolate region, in tents made of spruce branches imperfectly lined with skins, and more or less open on all sides to the external air; although they are exposed to famine and every species of hardship. But when these same natives come down to the St. Lawrence to take a part in the fisheries, occupy well-built houses, and, being well paid, live in comparative luxury, most of them in the course of a year or two become consumptive and die miserably. I am fully impressed with the idea that the development of the disease under these circumstances is the result of their living in closed houses in a vitiated atmosphere, as it no doubt is in our own towns."

Detection of Sulphuric Acid in Vinegar.

Böettger's *Polytechnisches Notizblatt*, suggests the following simple method of detecting this common and annoying adulteration.

Take about 50 cubic centi-metres (1.7 fluid ounces) and boil it with a small quantity of starch until one-half the liquid has boiled away; after cooling, add a drop of iodine. If sulphuric acid was present, the starch will have been converted into sugar, which will produce no color with iodine; but if no sulphuric acid be present, the starch will retain its properties, and give the characteristic blue color. Very little starch should be used in this test.—*Journal of the Franklin Institute.*

—— Pine Wood. Mr. Pannewitz of Breslau has discovered a method by which a species of flannel is made from the fibres of pine leaves, which is now exclusively used in the hospitals, prisons, and barracks, of Breslau and Vienna for bed-coverings. The flannel thus made has the advantage of driving away all insects; it serves for stuffing as well as horse hair, and costs but one third of that article; it will make all kinds of garments, which are of great durability and comfortable warmth. The liquid from the manufactory is now used as a medicine, and the refuse of the works make the gas by which they are lighted.

Army and Navy News.

NAVY.

List of changes in the Medical Corps of the U. S. Navy, for week ending Feb. 2d, 1866.

Passed Ass't.-Surgeon J. B. Ackley, detached from the U. S. S. Madawaska, and placed on waiting orders.

Ass't Surgeon David Mack Jr., detached from the Saranac and ordered to proceed north.

Ass't Surgeon Wm. Commons, detached from the U. S. S. Suwanee and ordered to proceed North.

Passed Ass't Surgeon Louis Zenzen, detached from the Vanderbilt and ordered to the Suwanee.

Passed Ass't Surgeon William H Johnson, detached from the Vanderbilt, and ordered to the Saranac.

Acting Passed Ass't Surgeon William Gale, detached from the U. S. S. "Ino," and awaiting orders.

MARRIED.

Wolf—Armstrong.—On the evening of the 31st ult., in Trinity M. E. Church. by Rev. B. H. Nadal D.D., James T. Wolf, and Laura M., daughter of Dr. T. G. Armstrong, of this city.

Goode—Stafford.—January 3d, 1867, by Rev. Edward P. Cowan. Dr. R. H. Goode, of Springfield, Kentucky, and Miss Mattie Stafford of Washington, Missouri.

Robert—Trudeau.—On Tuesday, Jan. 29, at the Church of the Holy Communion, by the Rev. H. M. Beare, Dr. Charles S. Robert and Miss Adelina Trudeau, all of New York.

DIED.

Longshore.—In this city, suddenly, of apoplexy, Jan. 31st, Julia Longshore, wife of Joseph S. Longshore, M. D.

Morris—In this city on the 2d inst, Hannah Ann, wife of J. Cheston Morris, M. D., and daughter of the late Isaac Tyson, Jr., of Baltimore.

Hays.—At Shippensburg, Pa., Sept. 19th, 1866, Julia L. wife of Dr. Robert C. Hays.

Miller.—December 16th, 1866, in Hanover county, Va., Felix Grundy, only son of Dr. Thomas J. Miller, of said county, aged 23 years.

Pope.—At New Berlin, New York, September 1st, 1866, Sarah H. Catlin, wife of H. G. Pope, M. D., aged 24.

OBITUARY.

Charles Cook, M. D.

At a special meeting of the Hudson County Medical Society, held in Jersey City on the 2d inst., the following Preamble and Resolutions were adopted.

Whereas: The Allwise Disposer of Events, has, in his infinite wisdom, removed from our midst, our highly esteemed brother, Dr. Charles Cook—therefore; be it

Resolved; That in his death we recognize the hand of God, and bow in humble submission to his will.

Resolved; That this mournful event has deprived us of one, whose long and intimate association, and honorable and generous character, had won our esteem and affection; and that, while we mourn our loss, we will ever cherish his memory.

Resolved; That we tender to the family of deceased our warmest sympathy, in this, their hour of bitter trial.

Resolved; That a copy of these resolutions be presented to the family: and, that they be published in the "Medical and Surgical Reporter," the "*New York Medical Record*," and the Jersey City papers

Resolved; That we attend the funeral in a body.

J. H. Vondy, M. D.
Theodore F. Morris, M. D.
James Wilkinson M. D.,
Committee.

ANSWERS TO CORRESPONDENTS.

Da Costa's *Treatment of Diseases of the Air Passages*, is out of print, and we can furnish no more copies It is probable that it will be revised and republished in a somewhat enlarged form. If done, we will announce it.

The price of the Ether Spray apparatus is $5, and Rhigolene is $1 for a pint bottle. The double tube for tooth extraction is $1 additional.

METEOROLOGY.

January,	21,	22,	23,	24,	25,	26,	27.
Wind.....	N. W.	W.	N. W.	N. W.	N.	N. W.	N. W.
Weather.....	Cl'dy.	Clear.	Clear.	Clear.	Clear.	Clear.	Clear.
Depth Rain.....							
Thermometer.							
Minimum.....	11°	24°	20°	24°	18°	20°	24°
At 8 A. M.....	35	29	29	32	26	34	28
At 12 M.....	34	31	31	35	30	38	30
At 3 P. M.....	34	32	32	36	30	39	29
Mean.....	28.50	29.	28.	31.75	26.	32.75	27.75
Barometer.							
At 12 M.....	29.6	30.	30.	30.3	29.6	29.6	29.8

Germantown, Pa. B. J. Leedom.

THE

MEDICAL AND SURGICAL REPORTER.

No. 520.] PHILADELPHIA, FEBRUARY 16, 1867. [Vol. XVI.—No. 7.

Original Department.

Communications.

THE NEW PHILOSOPHY.

The Correlation and Conservation of Forces.—Modern Views of Dynamics.

A paper read before the Muskingum County Medical Society.

By Z. C. McElroy, M. D.,

Of Zanesville, Ohio.

No more interesting or important investigation ever occupied the human mind, than the inquiry into the unknown cause or causes of known and recognized phenomena. These are diverse, intricate, and numerous. Some impress the senses by their beauty, some by their utility, some strike the beholder with terror, others with awe, and all as wonderful. Viewed in any aspect, whether as a scientific truth, or in its influence on man's destiny here and hereafter, upon the conclusions arrived at depend stupendous consequences.

The ancients made no natural or intellectual science, because they ignored facts. They assumed as their starting-point, that the question of forces, or dynamics, was to be solved by an intellectual process of reasoning, and not by experiment. Starting out in the inquiry with such an assumption, their processes and conclusions were necessarily erroneous. To account for the movements of the heavenly bodies, they assumed the existence of solid revolving crystalline spheres to which they were attached, and by them drawn or carried around in their courses. Of course, from such postulates scientific truth was never to be extracted.

The corner-stone of science was roughly blocked out by Newton, who in astronomical science substituted for the crystalline spheres and epicycles of a later date, the immaterial force of gravitation. This was a scientific truth; but to make it available a century of intellectual advancement was requisite to reach another scientific truth, which completed the corner-stone of Newton, and laid it on an imperishable and unchangeable foundation. What the intellectual labors of man had hitherto failed to demonstrate, was made evident by the scales of Lavoisier. The principle he announced was the *indestructibility of matter*. Chemistry, having this secure foundation, has since made rapid strides up to this moment. Philosophy, prior to Lavoisier, assumed that matter could be destroyed; as when the chemist operated on matter, what he could not conveniently account for was assumed to have been lost or destroyed. On such a basis, chemistry could not and did not make any substantial advance. It was only after the indestructibility of matter was assumed and demonstrated, that chemistry could take its position among the sciences.

Another long era elapsed before another scientific truth was established, of still greater importance than those of Newton and Lavoisier. Forces were recognized, but like matter before Lavoisier, it was assumed that force could be and was destroyed. Dynamics could make no progress, having no secure foundation. Benjamin Thompson, born in Woburn, Mass., in 1753—afterward known as Count Rumford—substantially demonstrated the indestructibility of force as early as the close of the 18th century.

Being in advance of the intellectual development of the age, it was unheeded. It remained for a German physician, while engaged in laborious daily practice in Heilbron, to announce and demonstrate the *indestructibility of force*. Dr. J. R. Mayer was born at Heilbron, Germany, in 1814. In 1842, he published his first paper on the "Forces of Inorganic Nature;" his second paper, entitled, "On Organic Motion and Nutrition," in 1845; "On Celestial Dynamics," in 1848; and "The Mechanical Equivalent of Heat," in 1851. Grove, Tyndall, and Joule, in England, have contributed largely to confirming and establishing the great principle first definitely announced by Mayer. Stated in its most comprehensive terms, it is that "No force is ever destroyed or lost, but is correlated or conserved in some other form of force."

Heat, light, electricity, magnetism, etc., etc., are no longer to be regarded as substantive and independent existences—subtile fluids with peculiar properties—but simply as modes of motion in ordinary matter, forms of energy which are capable of mutual conversion.

Heat is a mode of energy manifested by certain effects. It may be transformed into electricity, which is another mode of force, producing different effects. Or the process may be reversed, electricity disappearing and heat reappearing.

Again: Mechanical motion, which is a motion of masses, may be transformed into heat or electricity, which is held to be a motion of the atoms of matter; while by a reverse process, the motion of atoms, that is, heat or electricity may be turned back to mechanical motion. Thus a portion of the heat generated in the locomotive is converted into the motion of the train, while by the application of the brakes, the motion of the train is changed back again into the heat of friction.

These mutations are rigidly subject to the laws of quantity. A given amount of one force produces a definite quantity of another; so that power, or force, or energy, like matter, can neither be created nor destroyed. Though ever changing form, its total quantity in the universe remains constant and unalterable. Every manifestation of force must have come from some pre-existent equivalent force, and must give rise to a subsequent and equal amount of some other force.

A perpetual motion, or a machine that should create its own force, and thus go on forever, though sought after with more diligence than any other object by man, was never discovered, because it was a philosophical impossibility; and the efforts of those who so patiently labored to discover it, are so many demonstrations of the persistence of force.

When, therefore, a force or effect appears, we are not at liberty to assume that it was self-originated or came from nothing. When, on the contrary, a force disappears, we are forbidden to conclude that it has been annihilated. We must search whence it came, and whither it has gone; that is, what produced it, and what effect it has itself produced. These relations among the modes of energy are currently known as the *correlation and conservation of force.* The word correlation used in reference to forces, means that they are mutually interchangeable or convertible, the one into the other. Conservation means to preserve from loss, decay, or diminution.

Some writers on the new philosophy use the word *persistence* instead of *correlation and conservation.* Persistence, so used, means the continuation of the effect after the cause which gave rise to it disappears or is removed. Either words correctly embody the idea intended to be conveyed, and so may be used indifferently.

The direct meaning of the word force, synonymous with dynamic, is strength, power, or energy. It is used in science, in the absence of a more fitting word, to represent the unknown cause of known and observable phenomena.

In the popular mind, the cause of any phenomena is held to be that which immediately precedes the effect. This conclusion wants the precision required by science. Night succeeds the day immediately, yet the day cannot be regarded as the cause of the night. Again, lifting a floodgate, the water immediately rushes out. In no scientific sense can the act of lifting the gate be regarded as the cause of the water rushing out. Hence, in the investigation of the forces, the antecedent and succedent do not always bear the relation of cause and effect, as thus understood. Heat may produce electricity; it is the cause of the electricity, and is actually converted into electricity. Conversely, electricity may be changed into heat.

Cause and effect are not convertible terms with antecedence and sequence in the investigation of physical science. It is indeed questionable in fact, whether cause does precede effect. It is more probable they are simultaneous. Cause and effect are not, however, the proper objects of investigation in physical science. The proper objects are facts and relation.

Not only are the modes of force in the inorganic world thus mutually interchangeable, but the same principle is equally applicable to vital phenomena. Human activity in all its forms is brought within the operation of the law. The forces manifested in the living system are of the most varied and unlike character: Mechanical, thermal, luminous, electric, chemical, nervous, sensory, emotional, and intellectual. That these forces are perfectly co-ordinated—that there is some definite relation between them which explains the marvellous dynamic unity of the living organism—does not admit of doubt. That this relation is of the same nature as that which is found to exist among the purely physical forces is equally certain, and this relation is expressed by the term correlation.

From the great complexity of the conditions, the same exactness will not be expected here as in the inorganic field, for this is one of the necessary limitations of all physiological and psychological inquiry. Thus qualified, the proofs of the correlation of nervous and mental forces with the physical are as clear and decisive as for the physical forces alone.

The intellectual operations are also directly correlated with physical activities. As in the inor-

ganic world, we know nothing of forces except as exhibited in matter, so in the higher intellectual realm, we know nothing of mind-force except through material manifestations. Mental operations are dependent on material changes. That no idea or feeling can arise, save as the result of some physical force expended in producing it, may be set down as a fundamental physiological principle. The directness of this dependence is shown by the fact, that any disturbance of the train of cerebral transformations disturbs mentality, while the arrest destroys it.

The correlation here, as in the inorganic forces, is quantitative; other things being equal, there is a relation between the size of a nerve apparatus and the amount of mental action of which it is capable. Brain activity is dependent on the vigor of the circulation. If the heart's action ceases, total unconsciousness ensues; if it is enfeebled, mental action is low; if quickened, mentality rises, even to delirium, when cerebral activity becomes excessive.

The equivalence of physical agencies and mental effects is still further seen in the action of various substances, as alcohol, opium, cannabis indicus, nitrous oxide, etc., when absorbed into the blood. Within the limits of their action upon nerve-centres, the effect of each is strikingly dependent on the quantity taken.

There is a constant ratio between antecedents and consequents. How the metamorphosis takes place, how a force existing as motion, heat, light, etc., can become a mode of consciousness, how it is possible for aerial vibrations to generate the sensation we call sound, or for the forces liberated by the chemical changes in the brain to give rise to emotion—these are mysteries which, in the present state of knowledge, it is impossible to fathom. But they are not profounder mysteries than the transformation of the physical forces into each other. They are not more completely beyond our comprehension than the nature of mind or matter. They have simply the same insolubility as other ultimate questions. We learn, however, that here is one of the uniformities in the order of phenomena.

The law of correlation being thus applicable to human energy, as well as to the powers of nature, it must apply also to society, where we constantly witness the conversion of forces on a comprehensive scale. The powers of nature are transformed into the activities of society. Water-power, wind-power, steam-power, and electricity are pressed into the social service, reducing human labor, multiplying resources, and carrying on numberless industrial processes—indeed, the conversion of the forces into social activities is one of the chief triumphs of civilization. The universal forces of light and heat are transformed by the vegetable kingdom into the vital energy of organic compounds; and then, as food, are again converted into human beings and human power. The very existence as well as activity of society are obviously dependent on vegetable growth. When that is abundant, population may become dense, and social activities multifarious and complicated; while a scanty vegetation entails a sparse population and enfeebled social action. Any universal disturbance of the physical forces, as excessive rain or drouth, by reducing harvests, is felt throughout the entire social organization.

In a dynamical point of view, there is a strict analogy between the individual and social economies, the same law of force governs both. In the individual, the amount of energy he possesses at any given time is limited, and when consumed for one purpose, it cannot of course be had for another. An undue demand in one direction involves a corresponding deficiency elsewhere. For example, excessive action of the digestive system exhausts the muscular and cerebral systems; while excessive action of the cerebral is at the expense of the muscular and digestive energies. If the fund of power in the growing constitutions of children is over-drawn in any special channel, as is often the case with excessive stimulation of the brain, the undue abstraction of energy from other portions of the system is sure to entail some form of physiological disaster. So with the social organism, its forces being limited, there is but a definite amount of power to be consumed in the various social activities. Its appropriation in one way makes its employment in another impossible; and it can only gain power to perform one function by the loss of it in other directions.

But the new law of force has still higher bearings. The condition of humanity and the progress of civilization are direct results of the forces by which men are controlled. What we term the moral order of society implies a strict regularity in the action of these forces. Crimes, and even the modes of crime, are observed to occur with a uniformity which admits of their prediction. Each period in the progress of civilization may therefore be said to have its definite amount of morality and justice. It has been maintained, for instance, with good reason, that the degree of liberty a people is capable of in any given age is a fixed quantity, and that artificial extension of it in one direction is sure to bring about a limitation of it in some other direction. French revolutions show scarcely any more re-

spect for individual rights than the despotisms they supplant, and French electors use their freedom to put themselves again in slavery. So in those communities where state restraint is feeble, we may expect to find it supplemented by the sterner restraints of public opinion. But society, like the individual, is progressive. Although at each stage of individual growth the forces of the organism, physiological, intellectual, and passional, have each a certain definite amount of strength, yet these ratios are continually changing, and it is in this change that development essentially consists. So with society, the measured action of its forces gives rise to a fixed amount of morality and liberty in each age, but the amount increases with social evolution. The savage is one in whom certain classes of feelings and emotions predominate, and he becomes civilized just in proportion as these feelings are replaced by others of a higher character. Yet the activities that determine human advancement are various. Not only must we regard the physiological forces, or those pertaining to man's physical organization or capacities, and the psychological, or those resulting from his intellectual and emotional constitution; but the influences of the external world and those of the social state are likewise to be considered. Man and society, therefore, as viewed by the eye of science, present a series of vast and complex dynamical problems, which are to be studied in the future, in the light of the great law by which, we have reason to believe, all forms and phases of force are governed.

There are some, perhaps many, who deplore what they regard as the materializing tendencies of modern science. They maintain that this profound and increasing engrossment of the mind with material objects, is fatal to all refining and spiritualizing influences. The history of scientific thought not only fails to justify this opinion, but proves the reverse to be true. It shows that the tendency of this kind of inquiry, is ever *from* the material *toward* the abstract, the ideal, the spiritual. Appeal may be made to the oldest and best developed of the sciences for confirmation of this statement. The earlier explanations of the celestial movements were thoroughly and grossly material, and all astronomic progress has been toward more refined and ideal views. At length the labors of astronomers, terminating with Newton, struck away the crude devices of invisible spheres, spicicles, etc., and substituted the action of a universal immaterial force. The course of astronomical science has thus been on a vast scale, to withdraw attention from the material and sensible, and fix it on the invisible and supersensuous. It has shown that a pure principle forms the immaterial foundation of the universe. From the barest materiality we rise at last to a truth of the spiritual world, of so exalted an order, that it has been said to connect the mind of man with the Spirit of God.

The tendency thus illustrated by astronomy, is characteristic in a marked degree of all modern science. Scientific inquiries are becoming less and less questions of matter, and more and more questions of force. Material ideas are giving place to dynamic ideas; while the great agencies of change, with which science has to deal, light, heat, electricity, magnetism, gravitation and affinity, which have been regarded as kinds of matter —imponderable elements—in distinction from other material elements—these notions must now be regarded as outgrown and abandoned, and in their place, we have an order of purely immaterial forces.

The modern modes of material and mental intercommunication, represented in railways and telegraphs, though commonly regarded as physical improvements of our own age, are only so from a very narrow and limited point of view. It is within the memory of many still living, that the means of intercommunication between different portions of the world, and the diverse parts of the same country, were wholly physical, or dependent on purely natural forces, as wind, gravitation and animal power.

It is but little over half a century since all travel and transportation was effected by means of animals, wind-power, or the currents of streams. On land, wheeled or sliding vehicles were drawn by animal power exclusively. To increase the general result of a given expenditure of force by animals, canals and slack-water improvements were constructed.

But these were far from satisfying man's longing for the ideal and immaterial. The invention of the movable, or locomotive steam engine, gave rise to the vast system of railways now so widely spread and spreading over the whole globe. The mechanics who fabricate, and the engineers who operate them, speak of the engines themselves as the power or force. The massive and symmetrical proportions of steam engines, may challenge our admiration for mechanical skill and ingenuity, but they were called into existence to *resist*, *confine*, and *subdue* to man's use, the immaterial force of heat, which, in this particular instance, finds watery vapor its most convenient vehicle to produce the desired dynamical results. Efforts, not yet wholly successful, have been made to dispense with water, and use heat, with the atmos-

phere as a vehicle, in engines. That they will be successful is strongly probable.

So of the electric telegraph, this same force of heat correlated as magnetism, is made use of to obtain motion in the molecules of matter, in contradistinction to the masses of matter, as in the railway train. This motion in the telegraph, in the atomic structure of matter, is made use of through certain signals or sounds, to annihilate distance in the communication of mind with mind widely separated. No physical obstacle seems to arrest telegraphic extension. Alike through the regions of eternal snow and ice, under the burning tropics, and across oceans, its cables have been uncoiled, until at no distant day the remotest parts of earth will be in magnetic communication.

Viewed in this light, neither the railway nor electric telegraph, can be classed as physical improvements only.

[To be continued.]

PHYSIOLOGICAL AND THERAPEUTICAL ACTION OF COD-LIVER OIL.

By A. Bissell, M.D.,

Of New York.

The discussion of the therapeutical applications of cod-liver oil, started by Dr. Joseph Adolphus, of Hastings, Mich., in his able communication in the Reporter of Dec. 8th, 1866, has led me to offer the following remarks on the subject for your columns.

M. Bouchardat, Professor of Hygiene at the Academy of Medicine, Paris, says:

"The minute division of the iodine in cod-liver oil, the particular state in which it exists, must singularly facilitate its absorption by the tissues, and can in this way contribute more than the absolute proportion of this substance to the marked effects which this oil exerts on the animal economy.

"Also, iodine in the oil is not eliminated from the system, AS THE OTHER SOLUBLE PREPARATIONS OF IODINE: in this elementary combination its action is slower, more regular, and more persistent, as it is successively set at liberty in the economy, in proportion as cod-liver oil is gradually decomposed in the blood." —[*Manuel de Matèrie Médicale, page* 749.—1856.]

The action of cod-liver oil on the system is a double one; it is nourishing by its fatty elements, and curative by its medicinal bodies—iodine, bromine, and phosphorus, which it naturally contains; and to these three substances must be attributed its superiority over other fats or oils, either animal or vegetable, in the cure of diseases. These facts, discovered and proven by physiologists in their experiments on animals, and confirmed by the experience of physicians in their daily practice, have been corroborated during the last eight years, in a most illustrative manner, by the administration, to a large number of patients, of a cod-liver oil five times richer in iodine, bromine and phosphorus, than any of the cod-liver oils known before.

Cod-liver oil, as well as other fatty substances, when taken in too large quantities, is apt to disturb the stomach, and derange the functions of the intestinal canal. Only a small quantity can be digested and assimilated, the rest passing off unchanged, producing more or less frequent and abundant alvine evacuations, in which are contained the superfluous oils or fats. Observations prove that the gastric juice has no action whatever on fats or oils, the pancreatic juice being the only body, which, by its emulsive properties, causes the absorption of these substances into the economy; and, therefore, all the oil not emulsioned by the pancreatic juice is evacuated by the intestines just as it was taken. The knowledge of this important fact is due to the recent observations of Claude Bernard, a well known authority in physiology. The oil, once emulsioned by the action of the pancreatic juice, is brought into the general current of the circulation as follows: it is first taken up by the chyliferous vessels on the surface of the small intestines, and passing through the mesenteric glands and the thoracic duct, it is discharged in the left subclavian vein, where it mingles with the venous blood returning to the right cavities of the heart. This blood, and the fresh nutritious elements, furnished by the two subclavian veins, are pressed into the lungs to be there oxidized and altered: while passing through the pulmonary circulation, the oily molecules are modified and almost all of them destroyed. The blood, then ready anew for nutrition, passes into the left ventricle, to be thence distributed through the arterial system, carrying along with it, some oily globules left undecomposed during their speedy passage through the lungs, said oily globules to be successively altered in the circulating blood.

The medicinal oil, evidently brought undecomposed into the lungs, and partly in the general current of the circulation, is modified, losing not only its emulsive form, but also its oleaginous characteristics, so as to constitute a part of the arterial blood. Iodine, bromine, and phosphorus, are then set free during the process of nutrition of the tissues, each part of our system appropriating to itself the substance it needs.

The tissues, in contact with the nutritious blood, having a tendency to appropriate to themselves the elements most proper to maintain their

healthy condition or to alter it, when unhealthy, is it not judicious to conclude that the lungs first and then the rest of the system, when affected with bronchitis, phthisis, scrofula, under any variety, or rickets, etc., etc., are highly benefited by the healing and restorative action of the oil and its medicinal constituents, minutely, naturally, and persistently brought into contact with the diseased parts?

That oils and fats are successively carried through the economy, and transformed, as above described, is amply demonstrated by the experiments of the most eminent modern physiologists, such as Claude Bernard, Tiedemann and Gmelin, Leuret and Lassaigne, Sandras, Bouchardat, Blondlot, Delafond, Gruby, L. Corvisart, J. C. Dalton, jr., A. Flint, R. Dunglison, etc.

We must not forget this important point, that oils or fats go into the blood undecomposed and unchanged, being merely infinitesimally divided by the pancreatic juice: but if an oil contains substances, in a close chemical combination, so that they cannot be easily separated, these substances will of course be carried into the blood with the oil itself. This is just the case with a cod-liver oil, which contains a large proportion of iodine, bromine and phosphorus. Iodine and bromine have so strong an affinity for oil, that they cannot be separated from it by chemical reagents, not even by strong sulphuric acid. They must, therefore, be carried with the blood and liberated when the oil is transformed, in the process of nutrition, into its elements, and becomes the chief agent by which the heat of the body is maintained. Knowing, then, that to the nutritive property of the oil is superadded the alterative, and stimulating power of a comparatively large quantity of iodine, bromine, and phosphorus, who can doubt the efficacy, as a medicine, of cod-liver oil, if made richer with these substances?

Phosphorus, a part of our brain and bones, is a powerful diffusible stimulant, exciting the nervous organs, heightening the muscular power and mental activity, and relieving the despondency of mind occasioned by many serious diseases.

Iodine and bromine are superior to all alteratives for improving and purifying the depraved nature of the blood. They are the best remedies we possess for checking and controlling the swelling and induration of the glandular system, the ulcerative process in scrofulous complaints, the diseases of the lungs, etc. Obviously, the main point, in such serious affections, is to check and control at once the ulcerative process, and to do so it is of the greatest importance to use prompt and active medication.

Superiority of Iodinized Cod-Liver Oil over Simple Cod-Liver Oil.

Until of late, natural and pure cod-liver oil has been the best remedy, and the one most generally used, with more or less success, in diseases of the lungs when of a tuberculous character. The period of the malady when the oil was first employed, and also the purity and strength of the remedy accounting for the success or failure.

Pure cod-liver oil is more likely to cure consumption, scrofula, rickets, swelling of the glands, etc., in the first stage of the disease; in the second and third stages it mitigates the severity of the symptoms and prolongs the life of the patient, but seldom saves it.

The reason for this difference of action is simply that the pure oil contains iodine, bromine, and phosphorus only in minute quantities, which, although sufficient to cure a disease in the beginning, is not powerful enough when it assumes a graver type.

If we suppose for an instant the discovery of a new natural cod-liver oil, containing more iodine, bromine, and phosphorus than the oil in present use, there is not the least doubt but that every physician would prescribe it in preference, fully confident of its enhanced qualities. The natural consequence of this proposition explains satisfactorily why the medical profession should give the preference to iodinized cod-liver oil, which contains a larger proportion of iodine, bromine, and phosphorus than the oil in present use; these active elements, as before remarked, are in such a peculiar combination that their action is slow, regular, and persistent, being successively set at liberty in the economy in proportion as the oil is decomposed in the process of animal life.

Some physicians are so well convinced that the curative properties of the oil reside in these three substances, that to obtain a full effect they prescribe very large doses of the oil, sometimes giving two, three, and even four tablespoonfuls three or four times a day, the larger quantity amounting to no less than half a pint daily. That their object is not attained is fully proven by physiologists, who have demonstrated that only the small quantity of oil emulsionized by the pancreatic juice is digested and carried into the blood, the rest being passed off nearly as taken.

In view of the above physiological and chemical facts, experiments were made in 1858, which, after many trials, succeeded in preparing a *compound iodinized cod-liver oil*, which is simply the best Newfoundland cod-liver oil combined with four times as much of iodine, bromine, and phosphorus as that naturally contains.

Pure cod-liver oil varies considerably in composition, as may be seen by comparing the different analyses published in works of chemistry and materia medica. A quart contains 1 to 4 grains of iodine; $\frac{1}{8}$ to $\frac{3}{4}$ of a grain of bromine; $\frac{1}{4}$ to $\frac{1}{2}$ of a grain of phosphorus. In 1860, there was published in the *Repertoire de Pharmacie*, edited by Professor Bouchardat, at Paris, the formula of a cod-liver oil, which contains per quart, in addition to the above quantities

Iodine,	16 grains.
Bromine,	2 grains.
Phosphorus,	2 grains.

The combination is made so that the odor, taste, and color of the natural oil are preserved.

This preparation being consequently five times more active than the richest commercial cod-liver oil, will tend to restore health by its curative action thus enhanced, in a much shorter time than the simple kind, and attain the desired effect where the other will fail.

The dose of this oil is *only* a tablespoonful for adults, and a dessert or a teaspoonful for children, according to age, three times daily. It may be administered at any hour, but it is preferable to select the time of meals, since we know that the pancreatic secretion manifests itself only during the stomachal digestion, to act immediately on the alimentary principles as soon as they pass from the stomach into the intestines. Though the quantity of iodine is very small in each dose, it acts nevertheless with a greater efficacy than a larger quantity of any of the iodides, for the reason stated by Professor Bouchardat and others, that iodine in cod-liver oil is not eliminated from the system as the other soluble preparations of iodine, but is successively deposited in the economy as the oil is gradually decomposed in the blood.

When iron is required with the oil, the dragées or syrup of pyrophosphate of iron will be found the most agreeable and active adjuvant. It is best for children and delicate persons to take the syrup of iron after the oil."

—— Dr. Laseque has been appointed Professor of General Pathology in the Paris Medical School, in the place of Dr. Andral.

—— Dr. Charles A. Van Zandt, an old and respected resident of Flushing, died suddenly at his residence, Van Zandt Point, recently. He had just entered his residence, and, after seating himself, complained of a pain in his side. His wife went for something to relieve the pain, and on her return, after a few moments absence, found her husband lying dead upon the floor.

CASES OF PROGRESSIVE LOCOMOTOR ATAXIA.

By James Brown Burnet, M. D.,
House Physician, Bellevue Hospital, New York.

Case 1. Robert Gardner, 35 years of age, was born in Ireland, of healthy parents. He has been in this country for eighteen years, and has been a butler by occupation. He always has enjoyed good health up to about twelve years ago, when in the winter season he was taken with a violent pain in the small of his back, which pain extended around, principally on the left side. These pains would last two or three days, then pass away, and he would feel as well as ever. During the winter seasons these attacks would come on three or four times. The physicians pronounced his disease to be lumbago, and treated him with Rochelle salts. He would have at the same time quite a severe pain in the præcordial region, which would pass off with the pain in the back. During the summer season he enjoyed good health, never being troubled with these attacks.

About fifteen years ago he had intermittent fever, which lasted nearly six months, and from which he entirely recovered. A year ago last July, whenever he went out into the street, he would be seized with dizziness, which would pass off when he came into the house. He also was troubled with headaches, which would come on in the morning and last until about 12 o'clock. These would probably take place two or three times a month, and were very violent while he had them. During these attacks he would have an eruption on his head, which would last as long as the pain, and then in a day or two would scale off. About the middle of October, his feet would at times become numb and cold, especially at night, and very violent pains would commence at the knees, go down to the feet, and then ascend to the head, these pains sometimos lasting the whole night. These would continue for three or four nights, and then go off for a week or so. Any change in the weather would seem to bring them on.

On the second of January he entered St. Luke's Hospital, and was there treated with strychnia. This continued until March, when he became quite weak, so that he was unable to walk. His medicine was then changed to Rochelle salts, and afterward back again to strychnia, but still his legs continued weak, and the pain was as severe as ever.

About fifteen years ago he had gonorrhœa, which lasted nine months. He also had a small sore on his penis and a bubo, but no breaking

out on his body at this time. About six years ago he was troubled with a stricture, and again while at St. Luke's Hospital, so that it was necessary to draw his water from him. This lasted for about one month. About four years after he had the sore on his penis, he had a slight breaking out on both arms, and afterward on his head. On the 11th of June he left the hospital on crutches, feeling no better. He remained with a friend until the 21st of July, when he was admitted to this hospital, not being any stronger in his limbs. He at this time complained of severe pains in his lower limbs and partial paralysis. There was permanent contraction of both pupils. They acted very sluggishly when exposed to a strong light. Slight tingling sensations in the arms; sensation not impaired, but it was slightly impaired in the lower extremities. The left was the worst leg. At the present time he has a numb feeling always before passing his water, and his penis often feels hot, which sensation partially passes off after he urinates. Whenever he lies on his belly, he has a dull heavy pain in the back, over the region of his kidneys. Since he has been in the hospital he has been gradually improving. There has been a decided improvement in his walk, as he can now go a short distance without the assistance of a cane. He walks cautiously, however, and watches each foot as it is raised from the floor. He falls backward if he attempts to stand still with closed eyelids. Whenever he stands upright he experiences pain in the lower part of his back. He has no pain in his back, except he lies on his face or attempts to stand straight. His urine has been examined, and found to be normal.

The diagnosis was made of *progressive locomotor ataxia*, and the treatment consisted in the administration of potassii iodidi, ten grains three times a day, with fifteen drops of syr. ferri iodidi. Bowels have been kept regular with pills of aloes, nux vomica, and belladonna, in small doses. His back and limbs have been vigorously rubbed with lin. sap. camph. He is gradually improving.

Oct. 29th. He appears to remain about in *statu quo*. If anything, the pains in the limbs are rather worse.

Nov. 1st. He complains of lascivious dreams and seminal emissions, which appear to weaken him considerably. He has them regularly as often as once a week, and at times much oftener. He has had these for a number of years. He has formerly indulged himself in venereal excesses to a considerable extent, but never practised masturbation. He has been ordered ten grains of potassii bromidi each night before retiring.

Nov. 2d. He could not sleep any last night on account of excruciating pains darting along his tibia. There are no nodes, and no symptoms of syphilitic periostitis.

Affairs thus went on until the early part of winter, when he was discharged, with very little change in his general condition.

Case 2. Anna Farley, 32 years of age, single, and a native of Ireland, was admitted to ward 14 of Bellevue Hospital on September 29th, 1866. She gave the following history of herself. Her father was healthy and died at the advanced age of 87; her mother still lives, is nearly 80, and suffers with asthma. Anna has resided in this country 16 years, and her occupation has been to cook, wash, and iron. She always enjoyed good health until she had been in this country about one month, when she was laid up with typhus fever in Cincinnati for about eight weeks. In the winter of 1852, she went to New Orleans, where she took the yellow fever, from which she did not fully convalesce for six months. In the summer of 1855, she went to Mobile, and was on a plantation, where she was taken with chills and fever, which lasted two weeks; then they would pass off for a few weeks, and then come on again, and so on for a whole year. During these attacks she had violent attacks of epistaxis. She rarely had such attacks before, and never but once since. After this she had good health, until about three years ago, when at a party one eveniug she was seized with a violent shivering throughout her whole system, which lasted only a short time however; but since that time she has been extremely nervous. At about the same period she would have attacks of dizziness, and quite a severe pain appeared in the posterior part of her head, sometimes being dull and heavy. This continued a few months, when she felt a pricking sensation coming on in the head and gradually passing down to the feet, sometimes severe, and then again quite slight. In about six months after the first attack, she was afflicted with double vision, which lasted nearly four months without ceasing. At the end of this time she had a very violent pain in the small of her back, which extended all around the body, and also all over the thorax, and as soon as this took place, the double vision ceased. These sensations and numb feelings have remained with her up to the present time. About a year ago, the dizziness became so marked, that it was almost impossible for her to walk at all, and she became very weak. For the past year, also, dull pains have been in

her feet, which feel quite cold and occasionally numb. She is quite nervous now, and sometimes is troubled with a twitching of the muscles of the face. For the last eight years, she has noticed, that, when she caught cold and coughed, or vomited, from any cause, she would throw up more or less blood. This at first would be clotted and dark, but afterward of a lighter red color, mixed with the sputa. She has a slight cough, especially in the morning, and sometimes a slight expectoration. Her appetite is capricious. For two years she has been troubled with a leucorrhœal discharge. During the past year and a half, she has also been troubled off and on with difficulty in urinating, sometimes going 24 hours without being able to pass her urine. This was always relieved by nitre. She never was obliged to have her urine drawn by a catheter. She generally has been costive in her bowels. In three or four days after admission to the hospital, she was taken with a severe diarrhœa, for which she was treated with the following prescription:

℞. Bismuthi subnitrat., ʒj.
Pulv. opii., gr. x.
Acidi tannici, ʒss. M.
Et div. in chart, no x.
S. One three times a day.

And from which diarrhœa she rapidly recovered. Generally in the afternoon her feet and legs begin to swell. This has been so for nearly two years. Pupils act well to light. Sensation is not impaired. She walks with an unsteady gait. If she stands still and closes her eyes, she feels as though she were swaying from side to side. She can grasp the hand with a firm grip. There seems to be great weakness in her back. She used to have great palpitation of the heart, but has not felt this for the past year. Her urine has been examined and found to be normal. Evidences of incipient tuberculosis. The *diagnosis* was made of *progressive locomotor ataxia*, and the *treatment* commenced, was 10 grains of the iodide of potassium, three times a day, in syrup of sarsaparilla. She is also taking tr. ferri muriat. She thinks there is no improvement. She has had sore-throat and her hair has fallen out, but she has never had any eruption on the body save prickly heat. She denies all syphilitic history.

Oct. 29th. No improvement. She has stopped taking potassii iodidi, and is now taking three times a day, one sixth of a grain of the nitrate of silver.

Nov. 1st. Feels rather worse. The pains in the head are increased. Locomotor powers are no better.

Dec. 1st. Discharged no better.

Hospital Reports.

SURGICAL DEPARTMENT OF PHILADELPHIA DENTAL COLLEGE.

Clinic of Dr. Garretson.

Reported by H. L. Gilmore.

Discharge of Pus from the Nares.

Case 1st. Here is a patient who suffers with a discharge of pus from the nose; the trouble is occasional, not continuous. It has existed, off and on, as he tells us, for over a year. We first naturally examine the nares, as the inference would be, that from some local ulceration comes the discharge. In examining the various canals and cavities of the body, light and room to osberve are the two essentials. One of the best rhinoscopes I have ever found, is composed of mid-day sunlight, and the delicate white handle of the ordinary scalpel. We place this patient with his face to the window, and with the knife-handle introduced into the canal, I press off one lateral boundary. I now can see very well into the nose. Practice this a little, and you will find that it answers ordinary purposes very satisfactorily.

Just inside the nares are seen two little teat-like elevations, one in either nostril; these are pathological appearances, and I presume will be found connected with the discharge. Looking at them closely, it is observable that each teat has an opening into it. We will pass a probe into these openings, and see to where they will lead us. Notice that on either side the instrument is directed toward the mouth. I presume this is a case of alveolar abscess; let us raise the lip and see. The two central incisor teeth, you can observe, are very dark; this means that they contain devitalized pulps. There is now no doubt of the nature of the trouble for which we are consulted; it is double dental abscess. The history of the case I can read for you without any reminders from the patient. Preceding this discharge from the nostrils he had severe toothache. First, inflammation of the pulps; secondly, periodontitis. The teeth became very sore to the touch, and felt elongated. After a few days, three or six, more or less, he found sudden relief in the first appearance of this pus from his nostrils; the suppurated matter had found vent, the pressure ceased, and of course the relief was experienced. An alveolar, or tooth abscess, is, as a general thing, a very simple affair; the periodonteum becomes inflamed, and suppurates. The pus, accumulating about the root of the tooth, compels, for its accommodation, an absorption of the surrounding bone; egress is sought in the easiest way, and this is generally found on the vestibular face of the process, directly opposite the affected part. It is the abscess known as parulis, or gum boil. Cases occur, however, as in the one before us, where the pus does not take this seemingly natural course. Here, both abscesses have opened into the nose. I have generally found, however, that there are very good reasons why the anomalous courses are pursued. In antral abscesses, for example, or rather, in

alveolar abscesses, discharging into this cavity, it will always be found, that in such direction was encountered the least resistance. In specimens upon the table, you can see a number of maxillæ, where the roots of the molar teeth are so long as to pass entirely through the antral floor. We certainly could not expect, under such circumstances, that the discharge would occur anywhere else than into the sinus. In the case before us, the septum of bone intervening between the roots of the teeth and the nares, is, I am positively certain, less in thickness than the lateral alveolar boundaries; hence, it is quite natural that the discharge should here take place. I have known an abscess from a periodentally diseased tooth discharge into the orbit. In this case, the only one I ever met, the tooth was encysted, and lay between the antrum and nasal process. Alveolar abscesses not unfrequently discharge upon the cheek. In these instances, however, the treatment has generally been of a domestic nature. I have treated them upon the neck, upon the temporal region, at the apex of the chin, upon the inter-maxillary suture, and in other positions which I do not just now recall.

To cure this patient of his discharge, we must, of course, cure the teeth. The easiest and most speedy and certain way to do this, would be to extract them; I will advise, however, first, the trial of another plan. I will send him to the dental department, and holes shall be drilled through the palatine faces of each tooth into the pulp cavities; through the outlets thus made the pus will discharge itself, the sinuses leading into the nares will close up, and while thus at once we will relieve him of the nasal trouble, it is not at all improbable that by the occasional syringing of the abscesses through the canals of the teeth, with dilute tinct. of iodine, that we may as well save for him organs, which, in such a position, influence so much his personal appearance.

Union of Buccal Mucous Membrane with the free Alveolar Border.

Case 2d. ——— ———. The case of this lady is a little peculiar; she has only three-quarters of the proper vestibular cavity. When I raise the upper lip you can see, that while the labio-alveolar sulcus is normal on the right side, it is entirely obliterated on the left. The patient has no teeth in the upper jaw, having had them all removed in expectation of providing herself with an artificial set. With this deformity and impediment, however, you must at a glance see that artificial teeth cannot be inserted, and it is for the restoration of the parts to a natural condition that she comes to our clinic.

In devising an operation we have to notice whether the deformity implicates the soft parts alone, or soft parts and bone. If alone the soft parts, we have only to make a dissection, which shall cause the two sides to correspond. If, on the contrary, the deformity is in the bone, it will necessitate the free use of the chissel, and which, unless the patient insists, I would not think it desirable to attempt. It would be paying too dear for the whistle.

I now mould the cheek upon the bone. You perceive the osseous boundaries of both sides correspond. I then have only to raise the lip, and with a few cuts, as you here see, I restore the lost fourth of the vestibule. This, however, is not the cure entirely. We must prevent the sections reuniting; to accomplish this most satisfactorily, we will have an impression of the mouth taken with the cream of plaster, and on the model thus obtained, a plate of gutta percha must be moulded, which, enveloping the restored alveolar border, will, of course, ensure against the possibility of reunion. The same result might be accomplished by keeping cotton, or other substances of an unfixed nature between the cut surfaces, but not so satisfactorily. The plate, being fixed and permanent, yields much the smallest amount of irritation, and by its use the separation is entirely under the surgeon's directions. I recommend that you always employ the plate in these cases.

Amputation of Uvula.

Case 3d. The uvula, as we are to remember, is composed of two little muscles, enclosed in a bag of mucous membrane. The muscles being fixed to every part of the circumference of the bag by cellular tissue, amputation of this organ is not unfrequently called for on account of its elongation, or œdematous enlargement. When elongated, and resting upon the tongue, it produces, by the irritation of its presence, a disagreeable hacking cough, and which, not relieved, might very well result in more than functional trouble of the lungs. Elongation is of three-fold character. It may depend on simple relaxation of the enveloping mucous membrane, upon atony of the contained muscles, or on a general hypertrophy of the organ. In the two former cases, its contraction may often by compelled by the application of astringents. In the latter, the sorbefacients are demanded. Amputation is, however, by far the easiest method of cure. Sometimes, and most suddenly, this organ will swell out like the ambitious frog. It will fall into the chink of the glottis, and if not speedily collapsed would destroy life. In these cases, the enlargement depends upon an exudation of serum into the cellular tissue. Application of the tinct. of iodine is here highly recommended by some writers, but amputation, I think, will be found by far the most satisfactory treatment.

The patient before us has an elongated uvula. I propose to amputate it; that is to say, I propose to take off just so much as renders it too long. The operation is exceedingly simple; I have performed it on my own uvula, standing before a mirror. Here is a pair of Liston's forceps, a pair of curved scissors, and a tongue-depressor. These are the instruments required. With the depressor I force down the tongue, and hold it; with the forceps, which, as you see, close with a spring, and are tooth-pointed, I catch the tip of the organ; now it is completely under my control. I pull it gently forward, and you see I have it directly in the centre of the oral cavity; my assistant now takes the tongue-depressor, and with the relieved hand I take up the scissors and clip off the organ. Here, in the grasp of the forceps, is the piece. We will direct the patient to gargle the throat with a decoction of oak bark; and he had better take for a month to come, the

ferrated elixir of cinchona—a teaspoonful three or four times a day.

At our next clinic I propose to exhibit, in some operations, the "Richardson Spray Producer."

College of Physicians and Surgeons,
New York, January 25, 1867.

Obstetrical Clinic by Prof. T. G. Thomas.

Reported by E. S. Belden.

Epileptiform Convulsions.

Lucy C., æt. 16, unmarried, first menstruated at 13. She was perfectly healthy up to about twelve months ago, when she had her first fit. Since then she has had several fits at or about each menstrual period. During the interval between these periods she complains of nothing but slight pain in the back and head, and trouble caused by the presence of thread-worms, which she states she discharges in large quantities.

What are these fits that the patient complains of? There are but three forms of convulsion to which the adult or child is liable. First, *simple* convulsions; second, *epileptiform* convulsions, the convulsions which resemble epilepsy; and, third, *epileptic* convulsions, which are due to certain irritations of the nervous system, of which we know very little indeed. Convulsions due to alcoholic poisoning, are epileptiform, as they resemble epilepsy very closely. On approaching a case of convulsions, we are to decide whether it is hysterical, epileptiform, or epileptic. This patient receives no warning before falling, falls perfectly unconscious, has clonic spasms, froths at the mouth, and sometimes finds her tongue sore on recovering from the convulsion, which lasts but two or three minutes. These symptoms are very different from those of hysterical convulsions, which often last from four to five hours, the patient remaining in a semi-conscious condition all this time, never biting the tongue or frothing at the mouth. So we may exclude hysteria, and decide whether the patient has epileptiform or epileptic convulsions. Epileptiform convulsions are always due to some exciting cause, which we are generally able to discover. If we do not discover such cause, we may say the case is one of epilepsy. Though this is not a good ground of division, it is the one upon which we practice.

In looking for the cause of this disease, we may exclude the presence of thread-worms as not likely to produce convulsions in a patient of this age, or at such regular periods. In examining a young unmarried lady for the cause of convulsions, always examine especially for two things: onanism and absence of menstruation. I found nothing in the patient's history to indicate the former. On physical examination I found the vagina narrow, longer than usual, but unobstructed by any trace of a hymen, and when I finally succeeded in reaching the uterus, I found it very small and movable. On examining per rectum and vagina conjointly, I found the uterus was not over an inch in length, and half an inch in width. The mucous membrane of the cervix was in a condition of congestion and inflammation almost, if not quite granular. Though this girl has menstruated regularly for three years, the discharge has been very slight. She is very plethoric and strong. This is the negative evidence that this condition of the uterus is producing convulsions. I have seen a dozen cases of epileptiform convulsions due to imperfect menstruation on account of the want of development of the uterus, and I believe the convulsions in this case are due to this cause. At puberty, the uterus, instead of developing, remained perfect, but small. It consequently does its duty, but there is so small a surface for secretion and so little parenchyma to contain bloodvessels, that the discharge is insufficient. This is a type of a very large class of cases.

Prognosis. I believe she can be cured of these convulsions, though it may take a year of persevering effort to accomplish it.

Treatment. In the first place, as the uterus does not discharge the necessary quality of fluid every month, this depletion could be increased artificially, by taking from three to six ounces of blood, by leeches applied to the groin, after each menstrual flux. A better way of treating this case, and one which looks to a radical cure, is to make this uterus as large as it ought to be. This may be done in this way. Every week or ten days a sponge-tent should be introduced up to the fundus, and left in for twelve or twenty-four hours. As it increases in size, it distends the cavity of the uterus, and causes the walls to grow. After dilating with sponge-tents, the galvanic pessary may be left in the cavity during the week preceding each menstrual epoch. Galvanism may be used externally, by placing one battery over the spine, and the other over the uterus; or the nerves of the mucous membrane of the uterus may be stimulated by passing a steel probe, attached to one pole of the battery, and covered by a catheter, up to the fundus, the other pole being placed over the spine. The day on which the tent is introduced, the patient should be kept quiet in bed.

Sterility and Dysmenorrhœa.

Mary H. L—— came to me first in May last. She was 32 years old; had been married four years, but had no children. Though she was in perfect health, she suffered severe pain each month, at the moment the menstrual period came on. The uterus was filled with blood, which caused intense bearing down pains, which would force out this fluid, thus giving her some relief. On examination I found inflammation of the mucous membrane of the uterus. The uterus was in its natural position, but the cervix very long, and had the peculiar conical form which usually causes sterility. The cervix was so long and small, that the spermtozoids would not enter, nor the menstrual fluid pass out, without pain.

I recommended slitting open the cervix about a quarter of an inch, and dilating the canal every day, to prevent the adhesion of the newly cut edges while healing.

Since the operation was performed, she complains of feeling "very much worse;" and says "*she has had no menstrual discharge, and suffers from constant nausea and vomiting.*" I have commonly had the same result from this simple incision of the cervix.

Medical Societies.

ANNUAL MEETING OF THE MEDICAL SOCIETY OF THE STATE OF NEW YORK.

Albany, February 5th, 6th, and 7th, 1867.

FIRST DAY.

The State Medical Society met in the Common Council Chamber at the City Hall, at 11, A. M. Dr. Joseph C. Hutchison, President of the Society, called to order, and the meeting was opened with prayer by the Rev. Dr. Darling.

The Annual Address of the President opened with congratulatory remarks on the condition of the Society, and touched feelingly upon the deaths of Drs. Horace Green and Howard Townsend, and other distinguished members. The medical schools in the State were represented as being in a sound and prosperous condition, and the value of the union of medical schools and hospitals as being more and more appreciated. An inquiry should be made into the fact of degrees of medicine being granted by any such schools to those who had studied with irregular practitioners. The three medical journals of the State were strongly commended to the patronage of the members. A collation of the by-laws and rules of order was also suggested. He regretted that the law passed by the Legislature in relation to county and state medical societies was not confined to the legitimate members of the profession. He spoke very favorably of the labors of the New York Board of Health, and attributed to their efforts our freedom from an invasion of the cholera.

The usual committees were appointed by the President, as follows:

On Credentials—Drs. Alex. Thompson, Lansing, and Bailey.

On Business—Drs. Squibb, Vanderpool, and Grey, of Utica.

On Reception—Drs. March, Brinsmade, and Bibbins.

Drs. Brinsmade, Hyde, and Chamberlain were appointed a Committee on the President's Address.

Dr. March presented the names of Dr. Storer, of Boston, and Dr. Foster, of Portland, Maine, as delegates from their respective States.

Dr. Potter, of Montgomery county, presented a case of malformation of the spine, accompanied by a parasitic growth on the surface of the body.

The report of the Treasurer, Dr. Quackenbush, of Albany, showed a healthy condition of the funds of the Society.

Prof. Elliott, of Bellevue Medical College, read a paper on Still-births. Referred to the Publication Committee.

Dr. March read a paper on the Removal of Urinary Calculus from the Urethra. Referred to same committee.

An interesting report of the Delegates to the Massachusetts State Society was read and appropriately referred.

A number of interesting reports and papers were referred to the Publication Committee, their authors not being present.

A short business meeting was held in the evening, after which the members adjourned to the Supervisors' Room, where an entertainment was provided by their medical confréres of Albany.

SECOND DAY.

At the session last evening, Prof. Morris, of the Deaf and Dumb Asylum, by invitation, read a paper on Consanguineous Marriages. Afterward, some interesting statistics were offered by Dr. B. F. Hough, when on motion of Dr. Squibb, a copy of both papers was requested for publication.

At the opening of the session at 10 o'clock this morning, Dr. Parker, Chairman of the Committee on Prize Essays, reported that three essays had been sent in for the prize offered by Dr. Brinsmade, of Troy. The latter gentleman had offered a prize for the best essay on medical vital statistics, the method of keeping hospital records, and of the action of peculiar medicines; to be accompanied with the draft of a law for tabulating and recording births, deaths, and marriages. The envelope indorsed "Albany," in their opinion, is the best, and they consequently award the prize to it. On discussion, the prize was in future to be limited to members of county medical societies.

Dr. Squibb presented the report from the Committee on Materia Medica, in which a large number of drugs were analyzed, and a statement made, that it was thought that many remedies could be procured from American sources which are now obtained from Europe.

The report was received and laid on the table.

An invitation was received and accepted from Mr. A. McClure, of No. 158 State street, Albany, extending his hospitalities to members of the Society after the delivery of the President's address at the capitol this morning.

A committee of three, of which Dr. Hunt is chairman, were appointed to draw up a suitable memorial of Dr. Howard Townsend, to be printed with the proceedings of the Society.

Dr. Newmann, of New York, offered a resolution that a committee of three be appointed to investigate the results of consanguineous marriages, and to confer with other medical State societies, they reporting to next annual meeting. Adopted.

Dr. Garrish offered a resolution to increase the number of permanent members from each Senatorial district to six, instead of two, as at present. The motion was made with special reference to our large cities and suburbs. This resolution occasioned a great deal of discussion, and was indefinitely postponed.

Dr. Brinsmade, from the Committee to whom the President's Address was referrred, reported: 1. That it is their opinion, that it is optional and not compulsory for schools of medicine to confer degrees upon those who present certificates of a course of study with irregular practitioners, and that they so explicitly declare it in their annual catalogues. 2. They recommend

the patronizing of the medical journals of the State. 3. They do not recommend any change in the act passed by the Legislature at its last session, in relation to organization of county medical societies. 4. They recommend a speedier issue of publications of the Transactions of the Society, and that the Committee of Publication be instructed to revise the by-laws, resolutions, and rules of order of the Society, and with them to print the law of the Legislature affecting county society organizations. The report was adopted.

Dr. Brinsmade offered a resolution that five delegates be nominated by the Committee on Nominations, to represent the Society at the meeting to be held in connection with the Great Exposition at Paris in 1867, and that the Secretary be empowered to appoint alternates.

Dr. Smith, of Manlius, from the Committee on Pharmacology, presented their report. Adopted.

Dr. Noyes, of New York, read a paper on the Relation of Diseases of the Eye to Diseases of the Brain; and the Application of the Ophthalmoscope in Discovering Diseases of the Brain. Accepted and referred to the Committee on Publication.

Dr. Towler, of Geneva, read an essay on New Interpretations of the Physiology of the Eye. Accepted and referred.

The following committees were announced:

Committee on Consanguineous Marriages—Drs. E. Harris, R. Neumann, and Fowler.

Committee on Preparing a Memorial of Dr. Townsend—Drs. Hun, Vanderpool, and Mosier.

Afternoon.

At the afternoon session a large attendance was present. The meeting was exceedingly interesting. Dr. J. Anderson offered a preamble and resolution in regard to Criminal Abortion, and the devices of quack advertisers of alleged preventives to conception. After discussion the subject was laid over until Thursday. Dr. Jno. C. Dalton read a paper on "Vivisection," containing a defense of the practice against the allegations of the Society for Preventing Cruelty to Animals. Dr. Willard Parker presented a paper on "Cystitis, and rupture of the bladder." An original portrait of Vesalius, by Hammon, the property of Senator White, was exhibited to the members. It represents this first anatomist, who flourished 300 years ago, busy under the shadow of the crucifix with the secrets of his art. Dr. A. N. Bell of Brooklyn, read a paper on "Marine Hygiene," embracing some practical and important suggestions in regard to separate apartments for male and female emigrants, the proper ventilation of the same, such legislative action as shall prevent seduction among female passengers, and the general care of that class of our future citizens. Dr. Swinburne urged upon the members the importance of all these suggestions.

A resolution by Dr. Hyde, in regard to allowing Homœopathic treatment in wards of hospitals under control of the regular profession, was laid over until Thursday.

Dr. Morris offered a preamble and resolutions, in regard to the case of emigrants, recommending the Legislatures to be strongly memorialized upon the subject. Adopted.

In the evening at 8 o'clock, the Society met in the Assembly Chamber to listen to the annual address of the President. A large audience was present, who manifested a deep interest in the able address of Dr. Joseph C. Hutchinson, of Brooklyn, on "Charlatanism." Afterward the Society adjourned to the residence of A. McClure, Esq., where they were warmly and hospitably entertained by their host.

Third Day.

In this morning's session, Dr. Vanderpool offered a resolution increasing the number of delegates to the meeting at Paris, in connection with the great Exposition, from five, to ten.

Dr. Crandall, from the committee to whom was referred, the matter of Legislative action in regard to experiments upon living animals for purposes of physiological investigation, reported that such investigations were necessary to the work of medical science, that they were conducted without wanton cruelty, and that it would be injurious to the cause of medicine were such investigations to be prohibited, and appended a resolution to memorialize the Legislature. Adopted.

Dr. Willard Parker made some interesting statements in regard to the Health Board of New York. He alleged that there was a strong element of homœopathy in the Board at the start; that three of the daily papers (including the New York *Tribune*) had a leaning to heresy in medicine; and that some of the police doctors were homœopaths. The sanitary Committee of the Board, however, at the start, refused to appoint any homœopath as inspector. When the cholera came, and the various dispensaries were united by telegraph with the central office of the Board of Health, the Homœopathic Dispensary came and demanded their right of representation. They claimed that they could save 80 or 90 per cent. while the regular practice claimed only 50 per cent. That was the ratio, also, throughout the country. The Homœopaths claimed that they were a large, wealthy, and influential class of our citizens, and ought to have a fair representation, and desired a separate hospital where they would be freed from the surveillance of inspectors of the regular profession. Finally, it was decided to give them separate wards in each hospital, but the medicines must be given out through the Board of Health, and a careful record kept of the medicines given and the state of the patient. They were simply to be under the same regime as other wards and physicians. We finally challenged them to the trial in genuine cases of cholera. We have heard nothing from them from that day. Dr. Harris of New York followed in the same strain, and believed that the members of the Board of Health belonging to the regular profession, had acted rightly in facing charlatanism down.

Dr. Brinsmade offered a resolution that a committee of three be appointed to urge upon the Legislature a law for a complete registration of births, marriages, and deaths. Dr. Bibbins of New York, suggested the impossibility almost of

a complete registration of births. Many children are born without any attendance; many of the midwives cannot read or write; medical students keep no record of cases they attend, and many physicians prefer to make no report rather than let it appear how small their practice is. Thus four classes are not reported. There ought to be a law that no child could inherit property unless registered. Dr. Williams of Massachusetts, said that in that State they had a man appointed to take a census of births twice a year, going from house to house.

Dr. Brinsmade, from the committee to whom Dr. Hyde's resolution in regard to the blending of Homœopathic with regular treatment was referred, reported a preamble and resolution strongly against any union with or recognition of the Homœopathic system.

The resolutions on the subject of criminal abortion, and advertisements of quack preventives, etc., were brought up and adopted, together with a resolution that the Legislature, in both branches, be requested to pass a stringent law upon the subject.

The following papers were sent unread to the Publication Committee: On Tenant-Houses, by Dr. Toms; Report on Cholera and Cholera Ships, by Dr. Swinburne; Prize Essay on Vital Statistics, by Dr. Hough; Origin, Composition, and Medical Properties of Saratoga Mineral Water, by Dr. Allen of Saratoga. After the transaction of some unimportant business the Society adjourned to 1868.

The following were reported by the Nominating Committee as officers of the State Medical Society for 1867—8: President, Dr. John P. Gray, Utica; Vice-President, Dr. Lake J. Teft, Onondaga Co.; Secretary, Dr. William H. Bailey, Albany; Treasurer, Dr. John V. P. Quackenbush, Albany.

Editorial Department.

Periscope.

Principles of Treatment in Heart Disease.

Dr. Habershon, in the last number of *Guy's Hospital Reports*, as quoted by the *Cincinnati Journ. of Med.*, lays down the following principles of treatment in heart disease:

1. To lessen the work of the heart, which may be effected, to some extent, by mechanical rest, by a recumbent position, and by the avoidance of sudden changes of temperature.

2. To insure regularity of action, by avoiding mental excitement, guarding against indigestion, and by never allowing constipation to continue.

3. To lessen distension of the right side of the heart, by means of purgatives, diuretics, and, by mechanically diminishing the quantity of fluid in the circulation.

4. To prevent syncope, by avoiding sudden muscular movements, and the use of sedatives; or, if the latter be employed, to be cautiously administered.

5. To strengthen the muscular fibre of the heart, by suitable nourishment, chalybeate medicine, and a bracing atmosphere.

6. To prevent fibrillation of the blood, by the use of iodide and acetate of potash, but not continuously in large doses, as then they might depress the action of the heart. Brandy, by its tendency to counteract syncope, may in a secondary manner, prevent fibrillation. Rightly given, brandy is a most valuable medicine in cardiac diseases; and it may be the means of greatly prolonging life, and relieving the distress of the sufferer.

7. To prevent secondary complications, and to relieve them when produced. These complications are, broncho-pneumonia, and pleuritic effusions, pulmonary apoplexy, and other hæmorrhages, and visceral engorgements, as hepatic and venous congestions, with ascites and anasarca. Portal congestion may be relieved by a mercurial purgative, the compound jalap powder, or the elaterium powder. The kidneys may be excited to a more vigorous action, by a combination of mercurials with squills; the nitrate, iodide, and acetate of potash, combined with nitric ether, squill, juniper, or broom. The anasarca may be diminished by puncturing the skin on the thigh, and the flow of serum be promoted by warm applications. Hæmorrhage, to be reduced by dilute sulphuric acid, with sulphate of magnesia and gallic acid, or acetate of opium, alum or the oil of turpentine; but as it is the result of intense venous congestion, it is mitigated in a greater degree by lessening the congestion, than by direct astringents. The pulmonary engorgements, may be greatly reduced, by the application of cupping glasses between the shoulders, or a blister to the chest.

Antidotes for Poisons.

In the *British and Foreign Medico-Chirurgical Review* we find the following statements: Messrs. T. & T. C. Smith claim to have discovered a common antidote for prussic acid, antimony and arsenic.

Prussic Acid Antidote.—Take of liquor of perchloride of iron 57 minims (drops); protosulphate of iron in crystals, as pure as possible, 25 grains; as much water as will make a solution of a proto-sesquisalt of iron, measuring about half an ounce. Dissolve, on the other hand, 77 grains of crystalized carbonate of soda in about half an ounce of water. These quantities destroy the poisonous action of between 100 and 200 drops of prussic acid, officinal strength, by giving first the one liquid, and then the other.

Antidote for Cyanide of Potassium.—The antidote for this compound is the same as for the prussic acid, except that the solution of proto-sesquisalt of iron is to be used without the alkaline or soda solution, the prussic (hydrocyanic) acid being already combined with an alkali. The use of the alkali, however, would not be injurious—a harmless yellow prussiate would be formed. In this case, in consequence of the possible presence of free acid in the stomach, the alkaline liquid should be given first. The quantities given, as the prussic acid antidote, would decompose 35 grains of cyanide of potassium.

Medical and Surgical Reporter.

S. W. BUTLER, M. D., *Editor and Proprietor.*

PHILADELPHIA, FEBRUARY 16, 1867.

THE DUTY OF THE HOUR.

In all human probability, the end of the present century will find the United States inhabited by the vast multitude of one hundred millions of people. There will be densely populated States, and more than one city with over a million of inhabitants. This population will be governed by the strongest impulses and passions of a progressive age. With this increase of population, this growth of empire, unprecedented in history, the dangers of neglect of sanitary laws and government will be fearfully increased. The primitive modes of applying sanitary laws for the benefit of the masses, who in the great struggle for life, have neither time nor inclination to be "a law unto themselves," as they have been handed up to us from our fathers, from a time when the nation was in its infancy, will be entirely inefficient. Unless the present inadequate systems of sanitary provision and rule be entirely remodeled, nay, revolutionized and adapted to this growth of population, future generations will surely pay the penalties which nature inflicts, always, when her laws are neglected and violated.

Our older States, with their numerous and thickly populated cities and towns, the younger States of the West rivalling the former, can no longer be left, in a *sanitary sense*, to *accidental government*. We need in every State, in every city and town, a STRONG, EFFICIENT, THOROUGH CODE OF SANITARY LAWS, GENERAL ENOUGH, TO BE UNIFORM IN ITS MAIN FEATURES, THROUGHOUT THE UNITED STATES, AND SUFFICIENTLY MINUTE IN ITS DETAILS, TO ALLOW OF ADAPTATION TO PECULIARITIES OF A LOCAL CHARACTER. This we must have, unless we choose to incur the danger of wrecking the nation hygienically. To labor for the accomplishment of this object, is a duty we owe to ourselves as citizens of the great Republic—it is the *duty of the hour*. If we boast of being, and justly too, the *freest*, *wealthiest*, *most progressive*, and *happiest* nation on the globe, let us no less endeavor to become and remain the most *healthy*. If we allow the twentieth century to surprise us without having made provision to ward off disease, and maintain the public health by the most efficient sanitary rule, the work *then* will be almost beyond the power of man. The country will become an Aguean Stable; but unfortunately our age does not produce a Hercules.

In many communities, in many states, in numerous municipalities, Sanitary Codes are in existence. But as yet they are neither complete, nor efficiently worked. The best, as yet, are but experiments. System and uniformity are needed. Spasmodic efforts at sanitary reform in the face of threatening epidemics, such as of cholera, may be of some temporary benefit: they undoubtedly are, but lasting good results, can only be expected from comprehensive, thorough, and continuous sanitary rule.

This is the season of the year, when legislatures are generally in session. In a number of them, laws are pending for adoption, looking to better sanitary government of the people. Our profession should, as one man, work in their behalf and see to it, that the laws enacted be efficient, and not *half-way* measures. While it is true, that the more speedily our various communities are brought under sanitary rule, the better; still, too hasty action may be worse than nothing. The whole matter is in the hands of the profession if they choose to use their influence unitedly. Why not?

What we ought to have in every State, is, a Board of Health, with powers like the Metropolitan Board of Health of New York, ramifying through every city and town; with compulsory vaccination, the power of abating all nuisances and dangers to public health, and discretionary power in times of threatening epidemic disease to institute all measures necessary to prevent or mitigate their spread.

THE SALT QUESTION.

In an obscure corner of one of our daily papers, as if the editor was afraid that it should be known that he had published a word on the unpopular side of a subject, we find a sensible letter from one of our distinguished physicians, on a topic that has attracted a good deal of attention in this city the past winter, and on which a great deal has been said that is very silly. Some persons who have assumed to represent public opinion, and who have done so with so much earnestness and wordy vehemence, that they have almost monopolized the channels of public opinion, have been urging that the use of salt for the purpose of removing the snow from the city railway tracks is unhealthy, that it causes dampness, refrigerates the atmosphere, and is attended with other evils, positive and constructive, physical and moral. Their case has been founded on simple assertion. They have not appealed to either

science or common sense in the matter. They have not asked the physician whether sprinkling a little salt in the streets is deleterious to health. They have not thought it worth while to get the opinion of men devoted to scientific pursuits as to the effect it has on the state of the atmosphere. They simply *said* and reiterated, until people began to think it was true, that the practice caused diphtheria, (but there was no diphtheria;) caused scarlet fever, (but there were only a few sporadic cases;) caused "sickness," (but the season has been one of remarkable health.) They have said that it caused dampness, (their barometers did not say so;) caused coldness of the atmosphere, (their thermometers were at fault.) In fact, their case was founded on nothing but bare assertion; but it has had the effect to induce City Councils and the State Legislature to attempt to legislate on a subject on which no effort has been made to prove the slightest necessity for legislative interference.

As to the common sense of the matter, we suppose that our astute decriers of salt will consistently avoid the sea-side resorts next summer, and the newspapers that have been so earnest in the matter will urge the New Jersey Legislature to close all such sickness-producing places within her borders by statutory law, and that speedily.

B. Howard Rand, M. D., Professor of Chemistry in the Jefferson Medical College, addresses the following communication to a city paper, which shews that if our legislators would feel it worth their while to consult scientific men on scientific subjects, they might sometimes avoid unnecessary legislation.

Ed. Philada. Inquirer:—The writer is not interested, in any way, directly or indirectly, in any street railway company. Being gifted with a good pair of legs, he does not use the cars, and may, therefore, be at least entitled to a hearing as an impartial writer.

The hue and cry raised in regard to salted tracks, does not, certainly, reflect much credit on the judgment of our people. The grand jury, under oath, present the custom as a nuisance; the Legislature *unanimously* passes through one branch a bill making it a penal offense, and one branch of Councils, with equal unanimity, forbids it.

On what authority is all this action based? Certainly not on that of scientific or medical men, for when such testimony was taken, a few years ago, before a committee of Councils, it was dedidedly in favor of the use of salt. Let us consider its advantages and drawbacks. Salt, by an action which may be termed chemical, thaws snow during cold weather, and removes in a few hours that which would not be melted by natural agencies in as many days. The snow *must* melt, and the salt only makes it do so more quickly. As the result of this action, in a few hours the streets used by cars are open for travel, not only of cars, but of vehicles of all kinds. Abolish salt, and travel on the street cars would necessarily be suspended after each heavy snow for several hours, and sometimes for days, as is now the case in Boston and New York.

The inconvenience to thousands of all classes, and the loss from suspension of business, would be considerable. Not only would car travel be suspended, but heavy vehicles, as drays, would have to increase their teams, and much hauling would have to be put off until a thaw. The truth of this can easily be seen by comparing, after a snow, any street having a track with a side street not so provided. Supposing it possible to remove the snow by ploughs and brushes, it will only make the piles on each side of the track higher than ever, and render turning out in many streets a matter of impossibility. As to the disadvantages of the custom of salting the tracks, it is alleged that it is injurious to the health of the community. This is not true, nor will any respectable medical man endorse such an assertion. Our city is as healthy now as it was before the use of salt, as is shown by the table of deaths. A few years ago it was said that salting the tracks caused diphtheria, but scarlet fever this year takes the place of diphtheria. Will they charge the scarlet fever to the use of salt.

As to the destructive effects of salt upon clothing. Salt water does not penetrate leather so readily as fresh snow water. This has been shown by actual experiment. A light gum sandal, which should be worn by all in slushy or slippery weather, will entirely protect both boot and foot from wet. That a person may be made sick by a wet foot where there is no salt, is not denied.

Salt is a neutral body; it has no chemical action upon fabrics: it does change some colors; and if women prefer to drag silks printed with aniline dyes through the mud and slush to using a more suitable material for such a purpose, we cannot pity them if their finery becomes damaged. As before stated, I walk over all parts of our city, and can truly say that I have not suffered one-tenth of the inconvenience from salted streets that I have from the accumulations of ice on the sidewalks from our miserable system of surface drainage.

EXPERIMENTAL PHYSIOLOGY.

It is a matter of rejoicing to all who have the progress of physiological science at heart, that promptly upon the agitation instituted against experimental physiology (vivisection in particular) by certain well meaning, but we think, mistaken men, the Medical Society of the State of New York has protested by formal resolution against attempted legislative interference with this most valuable method of physiological research and study, and has expressed its appreciation of this method. Nothing could better demonstrate public professional sentiment than these resolutions, which we give elsewhere.

Our views on this subject have been so repeatedly and emphatically expressed, that we thought it unnecessary to comment upon several communications which we have published, and which advocated an opposite view. To invoke legislative enactments or public opinion *against the only method of physiological study which can yield positive results* to-day, seems to us as ridiculous as were legal enactments and public demonstrations against dissection of the human body in the middle ages.

THE SOCIAL EVIL AGAIN.

As has already been stated in our columns, a resolution has been introduced in the legislature of the State of New York, looking toward legislative control, or suppression of the "Social Evil." The resolution was offered in the Assembly by Mr. Jacobs, to the following effect: "That the Board of Metropolitan Health Commissioners and the Metropolitan Board of Police be requested to communicate to this House, at their earliest convenience, their opinion as to the necessity and the probable result of legislation looking to the more thorough restriction of prostitution in the city of New York." This resolution having been referred by the Board of Health and Police, to the Sanitary Committee of the former Board, this Committee at a late meeting made a report, the importance of which can hardly be over-estimated.

After dwelling upon the wide extent, and fearful effects of prostitution, as shown by the statistics of several diseases in public institutions, subjects, which it is unnecessary to repeat here, the report closes with the following propositions, which were adopted:

First: That it shall be the duty of all hospitals and dispensaries in the Metropolitan Health District, which receive pecuniary aid from the State, cities, or counties, to receive, treat, prescribe for, and dispense medicines to all persons afflicted with venereal diseases, on the same terms as persons afflicted with other diseases, without any exceptions, distinctions, or charges founded on the nature of such diseases.

Second: That all keepers of houses of prostitution and assignation shall be registered, and all prostitutes who live in these houses. That these registers shall contain their names, ages, nativities, and whether married or not. These registers shall not be open to public inspection. The owners of all houses of prostitution and assignation shall be also registered. In case any woman shall gain admission into a house of prostitution, the fact is to be announced to the Police, and the Police shall not allow such woman to remain in such house unless she is a registered prostitute.

Third: That the Metropolitan Board of Health shall establish a hospital for prostitutes affected with venereal diseases, and shall appoint physicians for the same. The cost of such hospital to devolve upon the police.

Fourth: That the Board of Health shall cause to be inspected the houses and persons of all prostitutes, and if any prostitute is found diseased with any venereal affection, shall send her immediately to the hospital. By subjecting the owners of houses of prostitution to registration, it is believed that it would compel the owners of houses to have regard to the character of their tenants, and prevent the sub-letting of them for infamous purposes. The publicity given to their names would prevent many from renting their houses for such purposes who now do so, because it can be done secretly. Registration would also enable the police to close many houses of assignation, which are the schools in which young women begin a career which ends in prostitution. It would prevent in a great measure the meeting of married women in these houses, for they would fear the watchfulness of the police, and dread the public exposure which might follow. The fear of a long detention in the hospital will compel them to confess their maladies early, and not continue their vocation until obliged by aggravated disease to stop. Registration will enable parents to trace their children, and in some instances to reclaim them; or in case property is at stake, it will enable those concerned to know whether they are living or dead.

The book which contains the names of registered house-keepers and prostitutes, should never be open for public inspection, because the peace of respectable families would be destroyed by the secrets contained therein.

It is considered doubtful, whether the legislature of New York will pass an act in accordance with these suggestions of the Sanitary Committee. It meets severe opposition from the "brothel interest" on one hand, and a class of extreme moralists on the other. But, whatever the immediate legislative result may be, the final effect of this agitation, by its opening the eyes of the public to one of the prominent evils of society, will be for good.

Notes and Comments.

The Sanitary Department of the Paris Exposition.

We have, on one or two occasions recently, referred to the Sanitary Department of the Paris Exposition, and spoken of what Dr. Evans had done toward getting up and perfecting it. A correspondent, noticing that we omitted all mention of the agency of Dr. Edward A. Crane in the matter, has called our attention to it in the following letter, which we publish in justice to Dr. Crane, though we are aware that it will be distasteful to him, as it was *by his special direction* that we omitted all allusion to him in our late notice.

Our correspondent says:—"In the Reporter lately, you have referred to the Paris Exposition, and once mentioned *Mr.* Crane as having something to do with it; and another week, in giving an account of what is going from this country, in the medical and sanitary line, you do not mention him at all. I fear you do him injustice.

"The man is Dr. Edward A. Crane, of Providence, R. I. He was getting into a good practice there, and was much esteemed. He was the author of two or three of the State Reports on Registration. He went into the service of the Sanitary Commission, and after two or three years of service *at the front*, he went to Europe, and the last year of the war was in the office of the Sanitary Commission in Paris.

"As I understand the matter, he came to this country last spring, as the agent of Dr. Evans, to

get up the portion of the exhibition of which you speak so highly. He succeeded remarkably, and went back well satisfied with the prospects. The valuable models, etc., of which you speak, were built under his personal supervision.

"Unless I am greatly mistaken, the chief credit of that part of the American portion of the exhibition belongs to him, as the agent of Dr. Evans, who furnished the funds.

"I am confident that American physicians who visit the exhibition will find Dr. Crane most affable and ready to do all he can to promote their enjoyment, because they are Americans."

"Criminal Abortion and Sympathizing Judges."

In the Reporter for Jan. 19th, under the above title, we animadverted upon the decision of a judge in the case of a professed abortionist in Providence, R. I., who was dismissed on paying a small fine for committing an assault. We understand that no blame could attach to the judge, as his decision was in accordance with the law, which, when the party pleads guilty, only provides for punishment for assault. We are glad to hear that efforts are being made to have this unrighteous law altered, so that parties guilty of such a crime can have an adequate punishment meted out to them.

Density of Population in New York.

According to recent calculations, as given by the *Tribune*, the average density of population in New York city is equal to 32,000 per square mile; its 1100 acres of parks, and other open spaces, being included in the estimate. This gives to each person a space twelve yards long by eight wide, in which to live and move and have his being. But this breathing space is very unevenly distributed, for while the resident of the XIIth Ward may claim, upon a fair division with his neighbors, five hundred and ninety-six square yards for his individual comfort, the dweller in the hovels and tenement shells of the Xth Ward must be thankful for seventeen yards, and he who worries through a fevered sleep in the XIth Ward can claim but sixteen. These estimates include streets and other open spaces, so that the curious in such matters may judge of the close companionship which is enforced in these localities, where men, women, and children are packed at the rate of one hundred and ninety-six thousand to the square mile. The tract bounded by Division street, the Bowery, East Fourteenth street and the East river, comprising the Xth, XIth, XIIIth, and XVIIth Wards, and containing 1.16 square miles, is populated by 196,441 persons, a greater number than were possessed by any city of the Union in 1860, excepting New York, Brooklyn, Philadelphia, and Baltimore. The Xth Ward has more people than Jersey City, Hartford, or Mobile had at that time; the XIth exceeds the limits at that time, of Charleston, Detroit, Pittsburgh, Providence, or San Francisco; while the XVIIth, covering but about one-half square mile, contains more people than did Albany, Louisville, or Washington.

New York Academy of Medicine.

At the last meeting of this Society, Dr. W. C. Roberts delivered a eulogium on the Life, Character, and Medical Attainments of that distinguished physician, the late Dr. Joseph Mather Smith, who, for a long time, was one of the Professors of the College of Physicians and Surgeons.

Erratum. In the Reporter for January 26th, p. 62, second column, line 26, for f.ʒss, read f.℥ss.

Correspondence.

DOMESTIC.

The Therapeutics of Inhalation.

To the Profession:

The undersigned is engaged in preparing for publication a work upon *The Value of Inhalations in the Treatment of Disease;* and he requests the assistance of his professional brethren in supplying clinical material. Contributions will be duly acknowledged, and attention drawn to every source from which instruction may be derived. Negative results, and results apparently or actually unfavorable, will be of peculiar value. Even isolated observations will be of service. Information is more particularly desired as to results from inhalations in sore-throat in all its varieties, croup, diphtheria, œdema of the glottis, asthma, and phthisis. When other medication has been conjoined with inhalation, mention should be made of at least its general character, and an estimate be formed of its value. Where favorable results are reported, an opinion is requested as to the probability of results equally favorable, had inhalation not been resorted to.

Any general information on this subject in possession of the writer, will be placed at the disposal of correspondents intending to contribute their own observations.

For the past few years this subject has attracted a great deal of attention abroad and at home,

and a series of statistical therapeutic results collated from the experience of American physicians in different sections of our country cannot fail to prove of great professional value.

The cöoperation of editors of medical journals is respectfully solicited.

Address

J. Solis Cohen, M. D.,
1106 Walnut street.

Philadelphia, Feb. 11, 1867.

News and Miscellany.

What is Cod-Liver Oil?

The *Bridgwater Gazette*, a New England journal, says that a physician in that place was recently called to prescribe for a somewhat illiterate old lady, and as cod-liver oil, in his opinion, was the remedy for her complaint, he wrote a prescription for the apothecary to put up, with the Latin formula, "Ol. Jec. Ass.," being an abbreviation of "oleum jecoris asselli," or, in plain English, cod-liver oil. The medicine was procured, taken, and in a few weeks the lady completely recovered her health. A neighbor paid her a visit after her recovery, and, expressing surprise at her improved condition, inquired the secret of so rapid a restoration. "Why," said the old lady, lifting both hands in grateful enthusiasm, "it was that *beautiful* medicine, the *oil of Jackass*, that brought me on my feet again!"

Effects of Pearlash.

If our friends can in any way teach their wives, daughters, or cooks, to keep the pearlash out of their bread, all the yellow people, especially the yellow children, who are supposed to be turned yellow by the fever and ague and bilious fevers, will soon be turned white. It is a great mistake to suppose that the yellow countenances of the West come from bile, when it is the enormous quantity of pearlash eaten in the bread that is reflected through the skin. Bread is the staff of life, it is said—and so it is—but it is the staff of death too in this country. Bad bread kills about as many people here as bad rum. So many people eat poisonous pearlash for bread that they die by inches. Dyspepsia, that great monster disease of the country, that deranges the liver, brings on costiveness, and thus finally kills the human victim, is half the time "pearlash." Here in the East—out of New England—we have driven off the pearlash-salæratus cooks, but not altogether. Pearlash lives here yet in bread, but in cities and towns we have nearly whipped out the murderers. In the distant Western towns, beyond the good hotels of the lakes and rivers, pearlash, under the name of salæratus, is king. It is not any wonder then, that the people of the East turn yellow West, and sicken, not of fever and ague, bilious and congestive fevers, but of pearlash three times a day.—*Journal of Applied Chemistry.*

—— Crystallization of Red Phosphorus has been accomplished, according to the *Journal of the Franklin Institute*, by M. Blondlot, by sublimation in an atmosphere of nitrogen. He introduces about two grammes into a small mattrass, and then closes the neck hermetically by fusion, which can be done without igniting the phosphorus, provided the mattrass be held vertically. Allowing the apparatus to stand, it fills with white vapors, luminous in the dark, which are due to the oxidation of the phosphorus, and in twenty-four hours all the oxygen of the air is absorbed. The phosphorus may then be melted in a water-bath, while the upper part of the mattrass is protected from the heat. The phosphorus is deposited in transparent crystals of a cubical form, which in a few days form magnificent arborescences, and shine with the lustre and color of the diamond. This state may be preserved by avoiding the light, but by the sunlight, or even by diffused light, they pass to a brilliant garnet-red color, and resemble rubies. A crop of colorless crystals may be got upon the surface of these.

—— Dr. J. R. Smith, of Keetsville, Mo., has been appointed Examining Surgeon.

MARRIED.

Clarke—Cook.—At the residence of the bride's father, Millwood, Mason co., Ky., Jan. 16, 1867, by Elder E. C. H. Willoughby, Septimus D. Clarke and Miss Marcia A. Cook, eldest daughter of Abraham Cook, M. D., all of the above place.

Donnelly—Harley.—In this city, Feb. 5th, at St. Paul's Church, by Rev. E. C. Donnelly, John F. Donnelly, M. D., and Miss Mary Harley, all of this city.

Dupont—Gilpin.—On the 5th inst., by the Rev. Willard Hall Hinkley, Dr. Alexis I. Dupont, of Louisville, Ky., and Margaretta Dupont, daughter of Chief Justice Gilpin, of Wilmington, Del.

Hamilton—White.—In New York, Feb. 6, at Madison Square Presbyterian Church, by the Rev. Dr. Adams, Charles H. Hamilton and Carrie J., daughter of S. Pomeroy White, M. D., all of that city.

Kershner—Smith.—In this city, on the 4th inst., by the Rev. Albert Barnes, Edward Kershner, Surgeon U. S. N., and Ella, daughter of Solomon Smith, Esq., of this city.

Lyster—Brent.—January 30th, at the Church of the Epiphany, Washington, D. C., by the Rev. J. V. Lewis, H. F. Lyster, M. D., of Detroit, Mich., late Surgeon Fifth Michigan Volunteer Infantry, and Winifred Lee, eldest daughter of the late Thomas Lee Brent, Captain U. S. A.

Nicholas—Robinson.—On the evening of January 10th, at the residence of the bride's father in Hanover, Ohio, by Rev. Wm. Dalzell, Mr. Alcinus Perry Nicholas and Miss Jeannette, daughter of James Robinson, M. D.

Webb—Matthews.—Near Cincinnati, Ohio, Jan. 30th, in Glendale, at the residence of Stanley Matthews, Esq., by the Rev. E. P. Wright, Dr. Joseph T. Webb and Annie, youngest daughter of the late Thomas J. Matthews.

DIED.

Huston.—In this city, (West Philadelphia,) on the 9th inst., Dr. S. C. Huston.

Kissam.—In New York, on the 8th inst., Lemuel, son of the late Dr. Benjamin Kissam.

Penny.—January 26th, 1867, Jesse S. Penny, M. D., of Elizabeth, Pa., in the 52d year of his age, and the 26th of his medical practice.

Stillwell.—In New York, Feb. 6th, William E. Stillwell, M. D., in the 60th year of his age.

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THE PHILADELPHIA SUMMER SCHOOL OF MEDICINE will begin its third term on March 1st, 1867, and students may enjoy its privileges without cessation until October.

The regular course of *Examinations* and *Lectures* will be given during April, May, June, and September, upon

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CLASS-ROOMS contain a cabinet of Materia Medica, Bones, Bandages, Manikins, Illustrations, Text-Books, Microscope, Chemical Reagents, etc., and in them students may study, practice bandaging, and conduct microscopical and chemical examinations.

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THE

MEDICAL AND SURGICAL REPORTER.

No. 521.] PHILADELPHIA, FEBRUARY 23, 1867. [Vol. XVI.—No. 8.

Original Department.

Communications.

THE NEW PHILOSOPHY.

The Correlation and Conservation of Forces.—Modern Views of Dynamics.

A paper read before the Muskingum County Medical Society.

By Z. C. McElroy, M. D.,

Of Zanesville, Ohio.

(Continued from page 125.)

The use of the plural word forces, is for the sake of being better understood, a concession to the philosophy of the past; for the hitherto regarded forms of force or forces, are mutually convertible into each other. They are all resolvable into heat, and heat is resolvable into motion, and motion is traceable directly into the sun's rays, which is at last the fountain of all force.

Thus the philosophy of man arrives at last at an approximate understanding of the Mosaic account of the creation, which states in Genesis I: 2, that "the Spirit of God *moved* on the face of the waters." All forms of force are resolvable into motion, and motion was the essential act of creation.

Thus the immateriality of God, the Creator, the persistence of force, and the indestructibility of matter, form a *trinity* of truths underlying all moral, intellectual, and physical science. The persistence of force necessarily includes the *immortality of the soul*, a problem, which, until now, could not be demonstrated by human philosophy.

The existence of matter separate from force, is an unsolved problem. All modes of force are resolvable into motion. Of the opposing condition of rest, or Statics, the universe affords no example. All is motion, not an atom at rest.

It will be incumbent on all laborers in science hereafter, to show in regard to any phenomena, whence came the force; what effects it produced; and into what has it been merged. Scientific inquiries will be, not so much into cause and effect, as into facts and relations.

Objectors to the new philosophy of force are not wanting, because it has not been established. It may, therefore, be well to state in what sense it has been established.

The views here attempted to be set forth, have been accepted by the leading minds of all nations, with remarkable unanimity; their discussion forms a prominent topic in scientific literature, while they occupy the thoughts and guide the investigations of the most philosophic inquirers. While science securely holds her new possessions as a fundamental principle, its various phases are by no means completely worked out. Not only has there been too little time for this, even if the views were far less important, but the questions started, lie at the foundation of all branches of science, and can only be fully elucidated as these advance in their development. It is not without its difficulties, which time, with its intellectual advancement, may be safely trusted to remove. But it simplifies so many problems, clears up so many obscurities, opens so extended a range of new investigations, and contrasts so strongly with the complexities and incongruities of the older doctrines which are displaced, as to leave little liberty of choice between the opposing theories. Not only do the reception of these views mark a signal epoch in the progress of science, but from their comprehensive bearings, and the luminous glimpses which they open into the most elevated regions of speculative inquiry, they have a profound interest for many thinkers, who give little attention to the specialties of exact science.

"We might be certain," says Mr. Herbert Spencer, who is a collaborator of Comte in his system of Positive Philosophy, and whose views in psychological science are not here indorsed, "that there must exist some principle, which, as being the basis of science, cannot be proved by science. All reasoned out conclusions must rest on some postulate. We cannot go on merging derivative truths into these wider and wider truths from which they are derived, without at last reaching a widest truth, which can be merged into no other. And whoever contemplates the relation in which it stands to the truths of science in general, will see that this truth, transcending all others, is the persistence of force.

Thus the great law of the correlation and con-

servation of force, characterised by Farraday, as the highest in physical science which our capacities permit us to perceive, has a far more extended sway; it might well have been proclaimed the highest law of all science—the most far reaching principle which adventuring reason has discovered in the universe. Its stupendous reach spans all orders of existence. Not only does it govern the movements of the heavenly bodies, but it presides over the genesis of the constellations; not only does it control those radiant floods of power which fill the eternal spaces, bathing, warming, illuminating, and vivifying our planet, but it rules the actions and relations of man, and regulates the march of terrestrial affairs.

Nor is its dominion limited to physical phenomena; it prevails equally in the world of mind, controlling all the faculties of thought and feeling. The star-suns of the remoter galaxies dart their radiance across the universe, and although the distances are so profound that hundreds of centuries may have been required to traverse them, the impulse of force enters the eye, and impressing an atomic change upon the nerve, gives origin to the sense of sight; star and nerve tissue are parts of the same system!—stellar and nervous force are correlated. And more; sensation awakens thought and kindles emotion, so that this wondrous dynamic chain binds into living unity the realms of matter and mind through measureless amplitudes of space and time.

And if these high realities are but the faint and fitful glimpses which science has obtained in the dim dawn of discovery, what must be the glories of the coming day? If indeed they are but pebbles gathered from the shores of the great ocean of truth, what are the mysteries still hidden in the mighty unexplored? And how far transcending all thought, that unknown and infinite Cause of all, to which the human spirit turns evermore in solemn and mysterious worship.

In the study of nature, two elements come into play which belong respectively to the world of thought, and world of sense. We observe a fact and seek to refer it to its laws. We apprehend the law, and seek to make it good in fact. The one is theory, the other experiment, which, when applied to the ordinary purposes of life, become practical science. The achievements of heat through the steam engine, have forced with augmented emphasis, the question on thinking minds, "What is this agent by which we can supercede the force of winds and rivers, of horses and men? Here is a fact, what are its laws? Heat can produce mechanical force, and mechanical force can produce heat. Some quality, therefore, must unite this agent with the ordinary forms of mechanical power! This relationship established, the generalising intellect could pass at once to the other energies of the universe, and it now perceives the principle which unites them all. It is the persistence of force.

All modes of force being traceable ultimately to the sun's rays, the relationship of the sun to life, which more immediately concerns us as physicians, cannot prove otherwise than interesting. The length the present paper has already attained, forbids me to unfold to you the modern views of celestial dynamics, grand and marvellous as they are. The earth's atmosphere contains carbonic acid, and the earth's surface bears living plants. The former, or carbonic acid, is the nutriment of the latter, or plants. The plant apparently seizes the combined oxygen and carbon, tears them asunder, storing up the carbon and letting the oxygen go free. By no special force different in quality from other forces, do plants exercise this power. The real magician here is the sun! Without the sun the reduction cannot take place, and an amount of sunlight is consumed precisely equivalent to the molecular work accomplished. Thus the trees are formed, thus the meadows grow, and thus the flowers bloom! Let the solar rays fall on a surface of sand, the sand is heated, but finally radiates away as much as it receives; let the same rays fall upon a forest, the quantity of heat given back is less than that received, for the energy of a portion of the sun-beams is invested in the building of trees—every tree, plant, and flower, grows and flourishes by the grace and bounty of the sun!

Vegetable life is the source, mediate or immediate, of all animal life. In the animal body, vegetable substances are again brought into contact with their beloved oxygen, and they burn within us as a fire burns in a grate. This is the source of all animal power, and the forces in play are the same in kind as those which operate in inorganic nature. In the plant, the atoms are separated—in the animal they are recombined. Leaving out of account the eruptions of volcanoes, and the ebb and flow of the tides, every mechanical action on the earth's surface, every manifestation of power, organic, inorganic, vital and physical, is produced by the sun. The sun's warmth keeps the sea liquid, and the atmosphere a gas; and all the storms which agitate both are blown by the mechanical force of the sun! He lifts the rivers and glaciers up to the mountains, and thus the cataract and avalanche shoot with an energy derived immediately from the sun. Thunder and lightning are, also, his transmuted strength.

Every fire that burns, and every flame that glows, dispenses light and heat which originally belonged to the sun.

During four recent years, the news of battle in our own land was unhappily familiar to us; but every shock and every charge was an application or misapplication of the mechanical force of the sun. His power blows the trumpet, urges the projectile, and bursts the bomb. And this is not poetry, but rigid mechanical truth. He rears the whole vegetable world, and through it the animal. He builds the forest and hews it down. The power which raised the tree and wields the axe being one and the same. The clover sprouts and blossoms, and the scythe of the mower swings by the operation of the same force. The sun comes to us as heat; he quits us as heat; and between his entrance and departure, the multiform powers of our globe appear. They are all special forms of solar power—the moulds in which his strength is temporarily poured in passing from its source to infinitude!

Presented rightly to the mind, the discoveries and generalizations of modern science constitute a poem more sublime than has ever yet been addressed to the intellect or imagination of man.

We may, as physicians, living in the early twilight of the discovery of this great doctrine of force, speculate only on the probable advantages to our profession, which are likely to flow from its future developments. Important changes in the views now entertained of the causation and essential nature of disease, and its remedial management, may be confidently predicted.

The cultivators of physiology, armed with the microscope and chemist's reagents, and guided by these views of force, must make many and important additions to their science. Pathology, too, must receive important additions—its facts classified, their value made out, and it placed among the sciences. It is scarcely entitled to that distinction in its present state.

But it is in hygienic, remedial, and therapeutic measures that we may look for the most important changes, and the most striking advancement.

Almost synonymous with the first paper of Dr. Mayer, on the forces of inorganic nature, in Germany, was the discovery of anæsthesia in our own country by Wells. Here is an immense stride *from* the physical, *toward* the ideal. Before ether or chloroform, physical restraint was employed in surgery, and acute and agonizing pain from any cause. An insignificant quantity of chloroform, passed into the system as an invisible or ideal vapor, or force, transforms the living and sensitive being into a state of insensibility more or less complete, to all external impressions whatsoever, as we have all so often witnessed and practiced.

In the treatment of nervous disorders, the practitioner of a century hence will probably be armed with ideal agents, competent to control them, as we now control a phlegmasia. As the great laws of force are better understood, many of the places we now tread in almost darkness, will be illuminated, and our somewhat empirical practice will be replaced by light, certainty, and confidence. As the ultimate source of all power or force is from the sun, or the sun's rays, the prediction is hazarded, that at some future period they will play a much more important part in therapeutics than they now do, with or without our knowledge. In confirmation of this, Dr. Ellsworth, of Hartford, Conn., reports in the Medical and Surgical Reporter, Nov. 24, 1866, page 435, the successful employment of the sun's rays for the removal of nævi, moles, marks, etc., and this the discovery of a non-professional gentleman of that city. Up to this time all attempts to remove the deformity of nævus have been unsuccessful. That the sun's rays should be, is a legitimate deduction from the new philosophy of force. Further experiments will hardly fail to confirm this discovery, and lead to others of like or even greater importance. It is somewhat remarkable that anæsthesia, and the power of the sun's rays over nævi, etc., should both have had their origin in the same city, and by men outside the medical profession.

The open, or fresh air, is a recognized agent in modern therapeutics. May it not be possible after all, that it is the sun's rays, rather than the atmosphere, which is the real force we thus make use of in a round-about way, as a tonic agent? The mysterious influences of night, bad weather, storms, etc., now so plainly observed and admitted by every practitioner, and felt by every human being, in health to some extent, but more strikingly in diseased conditions, can hardly fail of satisfactory explanations.

Patients are sometimes sent from ours to supposed more genial climates, and occasionaly with apparent benefit. Is the thought impossible or improbable, that it is the more direct rays of the sun that does good, rather than the milder or different climate? In warm climates the sun's rays are conserved in heat, but it cannot be heat simply, because art can imitate any climate, judged by the thermometric scale only, and we all know that the artificial climate is unattended by the same results as the natural. There is

something more potent than heat, and the probabilities favor the supposition that it is the sun's rays. And it must be borne in mind that they embody light and heat; and rays of colored and colorless heat, blended into the bright sunbeams visible to our senses. It is among the demonstrations of Tyndall, that the dark, or non-luminous rays of heat, outside of the colored spectrum, have a higher heating power than the colored. It is also a demonstration that some things transmit the light of the sun, but stop the heat rays. These are curious facts, and some day may be found to have a therapeutic value.

New forms of force may, and doubtless will be identified by future investigators, differing from those now recognized.

When the human mind has fully accepted, as it inevitably must, the demonstrations of the correlation and conservation of force, new discoveries based on it will speedily follow. Life is but one of the manifestations of force, and some of its mysteries will be illuminated and made plain by future discoveries. The agents we now use are forms of force, conserved in their therapeutic effects on the system. Is it not probable that the study of force, in the light of the great law of persistence, may unfold more plainly their modus operandi?

As one of the uniformities in nature, may not the mode of operation of some of our more potential remedies be analogous to that of electromagnetism in the telegraph? The soluble alkaloids, subcutaneously administered, bear a most striking resemblance to telegraphy in the promptness of their effects on the human system. Is it not possible that most of our remedial agents act by impressing atomic changes on the living tissue, precisely as in the unorganized telegraph? Do not the effects following their administration by the stomach, hypodermically and endermically, tend strongly to sustain such a view? Slowest endermically, with greater promptness by the stomach, and almost instantaneously when thrown into contact with the delicate termini of the sensitive nerves, so largely spread out in and beneath the cutaneous surface? Certainly such a view greatly aids in comprehending the possible modus operandi of medicines. Signals have been transmitted through the Atlantic cable by a battery composed of a copper gun-cap, and a drop of acidulated water. Is not this the strychnia, atropia, morphia, or chloroform of telegraphy? May not the effects of heat, in its potential form of electricity, be better understood by supposing the thunderbolt to impress its atomic changes so widely and suddenly as to arrest life instantaneously? The fact is so; the explanation, at least, plausible. So in burns, the constitutional disturbances are often out of all proportion to the local injury. A fatal termination is probably due to extensive atomic changes invisible to the eye of the pathologist, even aided by powerful optical instruments. So of vesicatories, and other forms of counter-irritation. A more satisfactory solution of their modus operandi is obtained, viewed in this light, than by any former hypothesis. So of any other phenomena connected with the living organism, in health and disease, studied in the light of the new philosophy of force, new and extensive channels of thought are opened up of the most interesting character, far too wide for the limits of a paper.

But after all, these are only speculations, awaiting the only ordeal by which they can become established facts,—demonstration. Not likely to be idle vagaries or imaginings, because in accordance with the great law by which all forms of force are governed.

The intellectual status of most practitioners of our science and art, of any considerable advance in life, is probably fixed. But those who are to come after them, educated in the light of the new law of force, will study phenomena under very different circumstances, and judgments will depend more on recognized facts, than the acuteness of individual perception or experience.

[It is proper to state, that no claim to entire originality in the wording of the foregoing paper is made by the writer. Some of it is in the very language of others, and as it could neither be abridged or simplified, was adopted, more or less entire, quotation marks being omitted, because of alterations and interpolations constantly occurring. There is, however, a large amount of strictly original matter in the paper, and the concluding part wholly so. The matter was gathered from Prof. Youman's republication of the Essays of Grove, Tindall, Joule, Farraday, Helmholtz, etc.: Prof. Samuel Jackson's Essay on Force, in Lehman's Chemistry; *N. Y. Tribune*, *N. W. Christian Advocate*, Tyndall's "Heat, considered as a Mode of Motion," etc., etc.]

Croup Treated by Sulphur.

The *Brit. Med. Journ.*, quoting from the *Gaz. Méd. de Paris*, states that M. Laganterie, from observing the effect of sulphur on the oïdium of vines, has been led to administer it in several cases of croup. He mixes a teaspoonful in a glass of water, and gives the mixture in teaspoonful doses every hour; the effect he describes as wonderful. The disease is, in effect, cured in two days, the only symptom remaining being a cough, arising from the presence of loose pieces of false membrane in the trachea. Mr. L., says, that he has followed this plan in seven cases, all being severe, especially the last, in which the child was cyanotic, with protruded rolling eyes, and noisy respiration.

PHYSIOLOGICAL AND PATHOLOGICAL RELATIONS OF THE TRUNKAL MUSCLES, WITH THE THERAPEUTIC INDICATIONS INVOLVED.

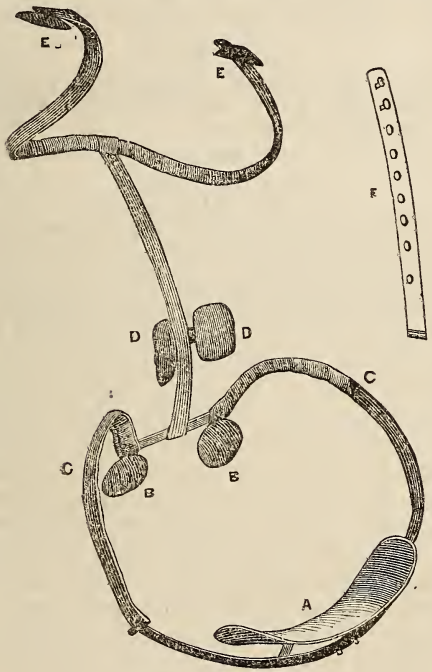
By E. P. Banning, M. D.,

Of New York.

(Continued from page 87.)

Of the Pregnancy Brace.

In the early months of gestation, the ordinary abdominal and spinal brace, to which we have already so often alluded, is in every respect adapted to the exigency which calls for support. But in the advanced stage of the process, the antero-posterior proportions, as well as the vast and constantly increasing lateral expansion of the abdomen, demand a brace, which, by its peculiar *proportions*, and extensibility, is precisely adapted to the patient's varying state. This instrument I denominate the pregnancy brace. It differs from the ordinary abdominal and spinal brace in but two essential particulars, except that its form is changed to that of pregnancy. First; its abdominal plate is much longer at its upper edge, in order to reach well around to the right and left inguinal regions, so as to support more from those parts than at the central portion of the abdomen; and, at the centre or middle point of its upper edge, there is made a deep niche, or depression, which is designed to allow the apex of the abdominal prominence to jut over in freedom. Second; to accommodate the steadily increasing abdominal expansion, a *slide* is constructed and screwed on to the front bar in such a manner, as to admit of the instrument's extension, *ad libitum* without disarranging its perfect bearing at any part.



Pregnancy Brace.

CC. Bow of mainspring rising above the cresta ilii and sitting immovably on the pelvis.

BB. Plates supporting the glutei muscles on either side of the sacrum.

DD. Aggressive supporting plates on either side of the dorso-lumbar line.

EE. Spring caps, resting on the head of each humerus.

A. Front abdominal plate; being so long as to support chiefly at the inguinal regions, and having a deep depression in the centre of its upper edge to allow the abdominal protuberance to jut over.

F. Extension slide, (which may be applied or removed for extending the front dimensions to any requisite extent.

The combined action of the whole, is, support of the pregnant woman's aching back and drooping shoulders. To brace weak hips together, and to greatly support the abdominal contents from dragging unduly upon the woman, and from compressing the bladder, rectum, hemorrhoidal veins, sacral nerves, and lymphatics.

When the whole is properly adjusted, the aching back is comfortably supported. The superior trunk is poised behind the spinal axis, thereby taking trunkal weight from the pelvis. The chest and waist are expanded, and room correspondingly made for the facilitous elevation of the whole abdominal freights away from the pelvis. By the same means, the pelvis is thrown into that normal oblique bearing to the trunk, which causes the pubes and inferior abdominal muscles, to protect the pelvic, viscera, and vessels, from direct pressure; also, the abdominal plate (though shallow, and acting only at the abdominal base,) is, by its *upward* action, on an elliptic spring, efficient; not *crowding up* the fœtus, but gently protecting against its undue *descent* upon pelvic soft parts, or upon the pelvic bones, in such a manner as is liable to be injurious to itself.

And now, although it is evident that mechanical support cannot always be efficient except in connection with remedies, I submit, whether it is not apparent, that, in judicious hands, it may not be recognized as a power, in the premises, which should no longer be ignored.

Of Mechanical Support in the Puerperal State.

Having considered the physical influences at work in the several stages of gestation, and also the adaptedness of mechanical support to mitigate many of the casualties incident to that state, we now propose to consider the physical conditions of the puerperal state, and the adaptedness of mechanical support to relieve and to prevent the casualties contingent to that condition.

Immediately on delivery, the woman passes from a state of extreme muscular extension and

abdominal fulness, to one of great muscular flabbiness and abdominal emptiness; and, as in the premises, the muscles are utterly inadequate to grasp and support the lineal viscera in the ascendant, the latter are left to drag upon the diaphragm and mediastinum; to fall and press upon the exhausted and flabby uterine ligaments, vagina and perineum, and to float in abdominal vacuo, according to the varying positions of the body.

This condition, might be termed a centrifugal or scattered condition of the viscera, in opposition to their normal compacted or centripetal state, which has been elucidated in previous papers, and, although this has been brought about in a natural way, it is so discordant with the manifest law of *trunkal unity*, as to prevent the woman's regaining strength and activity in the ratio of its degree. Furthermore, should the woman's health and general strength tempt her to rise and attempt her domestic duties, before this unsupported, rolling and dragging condition is removed, she is ever liable to induce, not only inconvenience and suffering, but, ultimately, serious functional and organic derangements of the pelvic abdominal and pelvic organs. Indeed, the writer has the best of reasons for asserting, that many of the temporary and permanent evils of child-bearing, are but the legitimate sequelæ of not successfully girding up the "broken back," and the "swagging abdominal viscera," in the ascendant, before the woman has been permitted to move about or even to rise momentarily. The same reason may also often be assigned for the "long confinements," "slow gettings up," and the permanent, but indefinite "delicate condition" of vast numbers of child-bearing women.

Nor need this statement be deemed visionary, since in the early puerperal state, *gravity* seems to be the only physical force which is in full activity; the perineum, vulva, vagina, uterine ligaments, and abdominal muscles, as to contractility, being a physical nullity; a mere mechanical combination without a power. Then, add the fact, that the viscera are a lengthened chain, moored to the spine and diaphragm in such a manner, as to produce *tension* from the diaphragm, and *pressure* upon all the inter pelvic tissues, on each assumption of the vertical position.

Again, we submit, that in a large number of cases, (all things being equal) this antipodian change, from fulness to emptiness, from muscular extension to muscular flabbiness, and from visceral support, to respective visceral dependency and pressure, is the principal reason why the patient (after a little rest,) may not go about, with no more injury resulting, than after a corresponding physical effort under other circumstances. Indeed, many Indian, Irish, and German women so do, and thereby, explain why it is, that such women, usually, after their first labor, exchange their trim and shapely appearance, for a "poddy," and "sloppy" form. In a word, parturition does not necessarily make a woman "sick;" but *delivery* empties and collapses, and *labor* exhausts her; and, until nature and art have recuperated all the inter-pelvic tissues, and retensed the diaphragm by supporting the lineal viscera in the ascendant, she must remain *liable* to immediate or ultimate damage from resuming her active position, whether the time after labor, when she does so, be long or short.

[To be continued.]

REDUCTION OF A DISLOCATED SHOULDER OF NINE MONTHS AND SEVEN DAYS' STANDING.

By P. Dyer, M. D.,

Of Farmington, Maine.

Capt. G—— C——, aged fifty-six years, residing in the town of N—— P——, in this State, a farmer by occupation, says that he has always enjoyed good health, and knows no predisposition to disease of any kind. On the 10th day of November, A. D. 1864, being then in his usual health, in the act of knocking down a beef creature, he did some injury to his right shoulder which caused the axe to drop from his hand and himself to be carried to the house. A surgeon was immediately summoned, and the parts were examined by him two hours after the injury was inflicted. The arm then hung by the side, the elbow a little back from a line with the body, and the back of the hand a little rotated toward the thigh. The arm incapable of being moved, exceedingly painful, and the pain augmented extremely upon the least motion, especially upon any attempt to move the arm forward. The surgeon regarded it as a case of sprain or strain to the muscles, and prescribed hot fomentations, administered an anodyne, and left the patient.

Next morning the shoulder and arm were terribly swollen and painful, and the arm incapable of any motion without intense agony. This state of things continued until the following June without intermission or change, when he again called upon his surgeon, to see if something could not be done for his relief. After a protracted examination, his surgeon decided that the bones were all in situ, and prescribed repeated blistering as a means of reducing chronic inflammation. This plan was adopted and followed until *eight*

blisters had been applied, but with no marked effect.

On the 16th day of August, 1865, the patient fell under my notice. I found the shoulder a good deal swollen, the swelling extending down the arm half-way or more to the elbow-joint. The arm was incapable of being moved forward, and but slightly in other directions, without causing great pain. Upon searching for the head of the humerus, it was found completely out of the glenoid cavity, and resting under the coracoid process of the scapula. I made no attempt to remove it at that time, but desired the patient to call at my office the next morning at 9 o'clock, when I would consider his case further.

Accordingly, on the morning of the 17th, I again examined the case, in company with Dr. Lafayette Perkins, of Farmington, whom I had called in for the purpose, and who fully coincided in the diagnosis I had made. There could be no mistake about the absence of the head of the bone from the glenoid cavity, and its presence under the coracoid process of the scapula.

The next question was what, if anything, could be done? The general rule relating to chronic dislocations was well known, and all the dangers attending their reduction well appreciated. Nevertheless, here was a case where the suffering was intolerable, and relief of some kind seemed due from the surgeon to the patient. We resolved upon an effort at reduction. The patient was seated in a convenient chair for the purpose, and an assistant placed at his left side, so as to support and counter-extend. I then grasped his right forearm and elbow, upon which I made extension downward and backward, rotating backward and forward so as to break up any adhesions that might have formed, while Dr. Perkins manipulated at the shoulder-joint. After one or two efforts in this direction, feeling the adhesions give way, I was enabled to carry the arm forward, rotating it outward, until I carried the hand completely over the left shoulder. The head of the bone had returned to the glenoid cavity, and the patient expressed himself as entirely relieved from all pain.

The arm was dressed by a simple suspensory bandage, so arranged as to support the arm and to confine it in place, and the patient was requested to report himself again in two weeks.

I saw the patient again in two weeks, and found the swelling considerably diminished and the pain almost entirely relieved. The arm hung in a natural position by his side and everything bespoke a favorable result.

The arm continued to improve, the swelling gradually subsiding until the following December. The patient recovered the partial use of the limb, so that in December, four months after reduction, he worked two days at pitching straw from a threshing-machine, though of course not with the facility of a well man.

Immediately after this I was called to see him, when I found the shoulder and arm down to the elbow very much swollen and exceedingly painful, with a good deal of constitutional disturbance, pulse high, tongue dry and coated, and all the evidences of high inflammatory disease.

Constitutional and local treatment was made use of and persevered in, but the symptoms did not abate, and in February I expressed to the patient my fears as to the result. The swelling continued to augment, and by the month of May there could no longer be doubt that it had degenerated into malignant disease.

On the 26th day of Sept., 1866, he died. Nine hours after death I made a post-mortem, assisted by Dr. Bennett, of New Portland, and Dr. Vaughan, of Farmington, when we found the following pathological condition of the parts.

The arm was very much enlarged, measuring about twenty-five inches around the axilla and acromion, and about twenty inches in circumference at the insertion of the deltoid muscle. The articulating surface of the head of the humerus and about three inches of its lower end were found, and were apparently in a healthy condition. Occupying the place of the shaft of the humerus was a mass of disorganized comminuted bone and muscle without continuity, and wanting in the characteristics of *fungus hæmatodes*, which was supposed to be its diagnostic character before death. The scapula, with the exception of the acromion and a small portion of the lower edge of that bone, were converted into the same kind of material and presented the same appearance. There was also a mass of like matter, two or three inches in diameter, occupying a place just beneath the coracoid process of the scapula and just where I found the head of the humerus the August previous. This mass communicated with the others at a point about where the deltoid inserts into the humerus.

About the malignant character of the disease no doubt could be entertained, but I have never seen any good description of it, and hence am not able to assign it a name.

Query. Was the disease the result of long-continued inflammation in the parts, or did it arise from constitutional causes existing prior to the dislocation? I am inclined to the opinion that the malignancy of this disease was not estab-

lished until long after the reduction of the dislocation, and that it was the result of long-continued inflammation degenerating the tissues, and at a time too when nature was not able to resist the attack, and the result, instead of suppurating, as is common in more acute inflammatory diseases, was as has been described above.

DOUBLE OVARIOTOMY.

Polycystic Tumor of Immense Size.—Pedicles Severed with Ecraseur.—Recovery in Twenty-eight Days!

By Thad. S. Up De Graff, M. D.,

Of Elmira, N. Y.

Mrs. A. C. Leach, of West Dresden, N. Y., the subject of the following operation, is 50 years of age, of a nervo-sanguineous temperament, of remarkably good health up to the time of the appearance of the tumor, and the mother of three healthy and bright children, the eldest a girl of 16, and two boys of 12 and 14.

She first complained of a "bearing down" in March 1857, the symptoms being about the same as those accompanying prolapsus uteri. Soon after she discovered an enlargement in the right iliac region, accompanied with considerable pain in that locality and the right shoulder. She consulted a physician about this time, who informed her that she was suffering from "liver complaint," and directed his treatment with a view of relieving said difficulty. The treatment being of no avail, she consulted various other professional gentlemen, most of whom diagnosed hepatitis, for which she was treated up to April, 1863, during which time she had enlarged to the extent of a woman at the full period of pregnancy, and at times suffered from so much pain in the right iliac region as to render her bed-fast. About this time (April 1st, 1863) she visited Prof. Moore, of Rochester, who at once diagnosed a tumor on the right ovary, and advised paracentesis with a view of relieving the distressing symptoms then present.

She returned home and continued to enlarge gradually up to March 10th, 1866, when the pain in the right side became unendurable, and resolving to follow the advice of Dr. Moore, at once summoned Drs. Olliver and Smith, of Penn Yan, N. Y., who accordingly performed the operation of tapping and succeeded in removing forty-three pounds of dark-colored fluid resembling new cider in color and consistence, but containing numerous oil globules, and upon standing over night deposited a sediment of fibrine which was quite ropy, adhering to a stick when thrust into it. The evacuation of the contents of the tumor reduced the abdomen to its natural size.

Paracentesis so prostrated her that she was unable to rise in bed for two weeks, and four weeks had elapsed before she had gained sufficient strength to walk across the floor, and in less than six weeks she was larger than before tapping. After this time the abdomen enlarged very rapidly, she suffering much pain, which was now felt almost entirely in the *left* side, none remaining in the right as formerly. She could feel the outlines of a tumor in the left side, immediately below the last rib, which was very sensitive to the touch.

She was now visited by Drs. Smith and Sloan, of Penn Yan, who presented ovariotomy for her consideration, at the same time advising the operation, to which she eagerly assented.

I was accordingly summoned on October 1st. Found her in bed lying upon her right side, shoulders elevated, inspirations painful, with a sense of suffocation and considerable pain in the left iliac and lumbar regions. The distance about the person, on a line with the umbilicus was fifty-seven inches. From the inferior extremity of the ensiform cartilage to the pubes twenty-seven inches: thus forming an unnatural protuberance startling to look upon. In consequence of the tremendous distension and tensity of the parts, it was impossible to detect any points of adhesion or the character of the tumor, as to whether it was mono or polycystic; but from the circumstances of the tapping having reduced her to her natural size, I was led to diagnose the former.

I stated to her the dangers of ovariotomy, and having heard her express a determination to have the operation performed, at once proceeded to the preparatory treatment. Ordered

℞. Tinct. ferri chlor.,	f.℥ij.	
Quiniæ sulph.,	℈j.	
Aquæ dist.,	f.℥iv.	M.

One teaspoonful to be taken three times a day. Directed that a cathartic should be given three days before the time of the operation. The following was administered:

℞. Pulv. rhei,	gr. j.	
Podophyllin,	gr. iij.	M.

in the form of a pill, which acted briskly, and after which the patient was allowed no solid food, but was sustained upon broths, beef-tea, gruels, etc. The evening before the operation a small dose of castor oil was given, which left the bowels perfectly free from accumulation. Ten days from the beginning of this treatment, accompanied by Dr. A. Rice, of this city, Drs. B. F.

Wagenseller, of Selin's Grove, Pa., Metcalfe, of Owego, and Axtell, of Troy, Pa., I repaired to the house of the patient, prepared to operate. We found Drs. Smith, of Penn Yan, Sloan, from the vicinity, Post, of Lodi, and several other medical gentlemen anxious to witness the operation.

The patient was sitting in an arm-chair, "feeling pretty comfortable," and chatting gaily with her friends, and expressing a determination to "get well." The room was placed at a temperature of 80°, and chloroform administered by Dr. Aaron Rice, (on whose excellent management of the anæsthesia much of the success of the operation depends.) An incision was made from the umbilicus to within an inch of the pubes, the tumor presenting itself at the opening. I now inserted my hand between the tumor and the abdominal parietes, and at once came upon extensive adhesions seemingly throughout the entire extent of the tumor. These adhesions were very firm, requiring at some points all my strength to sever them. Copious hæmorrhage immediately ensued, and I was notified that the pulse was failing. Stimulants were administered by the attending physicians, while I at once proceeded to evacuate the cyst, as it was much too large to attempt to remove entire. A trocar was introduced and the fluid allowed to escape for the space of about ten minutes, when discovering that too much valuable time was thus being consumed, the canula was withdrawn and the puncture enlarged to an incision of about four inches, through which the contents of the tumor were discharged into a vessel held under the opening, while the hand was placed behind the tumor throwing it forward into the abdominal wound, thus preventing the escape of the fluid into the abdominal cavity. During this procedure the diaphragm was carefully supported by means of a bandage placed across the epigastric region, and pressure sustained by the assistance of two of the medical gentlemen present. Two other tumors, more firm and inelastic, now exhibited themselves, and upon manipulating them they were found to be firmly adherent to the inferior margin of the right lobe of the liver, to the diaphragm, stomach, and left kidney. I therefore enlarged the incision in the abdomen to about six inches above the umbilicus, making now an opening of some sixteen inches in extent. I now carefully broke up the adhesions to the liver, gall-bladder, stomach, diaphragm, intestines, and kidney, using nothing but the fingers. Finally the pedicle was reached on the right side, and was found to be quite short, but five inches in width. The *écraseur* was applied and the pedicle severed, *not one drop of blood following the instrument.* Upon attempting to lift out the mass, still another pedicle was discovered upon the left side close to the uterus. This was severed in like manner, and the adhesions of still another tumor broken up from the uterus, bladder, and descending colon. The entire mass was now removed, when about one pint of coagulum was found in the pelvic cavity. This was removed with the hand and the parts carefully sponged. The pedicle upon the right side was now examined, but no hæmorrhage presented itself. From the left pedicle, however, one small vessel was bleeding freely, (at a point where the scissors had been used to sever a firm attachment to the uterus). This was ligated with a very delicate silken thread, cut close, and allowed to remain within the cavity.

No further hæmorrhage was found to exist all having ceased the moment the incision was enlarged and the parts exposed to the air. The cavity was again carefully sponged and the incision closed with eight silver-wire sutures passed through the peritoneum, and the same number of silken ones placed superficially. A four-tailed bandage was now applied, two of the ends being secured around the person, while the other two passed between the thighs and were pinned to the main bandage at the pubes, thus securing a snugly fitting and unyielding compress. The patient was now removed from the operating-table to the bed, and cloths moistened with hot water applied to the abdomen, while hot bricks were applied to the feet and about the body. McMunn's elixir of opium, 30 drops was then administered and the patient allowed to remain undisturbed.

The operation was completed in one hour, calculating from the time that the patient was fully under the influence of the anæsthesia until she was placed in bed.

The fluid removed weighed 54 pounds. The fibrinous portion of the tumor 18 pounds, making in all 72 pounds. Thus was successfully removed the largest—if we mistake not—ovarian tumor of which we have any record.

One hour after the operation, (one o'clock P.M.) the pulse was at 120, pretty full, and the patient expressed herself as feeling better than she had for two years before. At two o'clock had some nausea, the effects of the chloroform. Brandy and elixir of opium administered at intervals. I left my patient at five o'clock P.M., placing the after-treatment in the hands of Dr. Smith, under whose excellent care she gradually improved, almost without an unfavorable symptom. The

doctor not having kept any notes, I am unable to give as full a report of the after-treatment, as I would like.

The catheter was used three times a day for about ten days, after which she voided urine without its assistance. On the 12th day the bowels moved spontaneously. About the 15th day she complained of considerable pain in the lumbar region, which was caused by an accumulation of hardened fæces in the colon. Castor oil was given, together with an injection of one pint of warm water. This removed nearly two quarts of impacted fæces of a very dark color and fœtid smell, after which her appetite and strength rapidly improved.

Her diet consisted of beef-tea and brandy for the first week. Afterwards she had chicken-broth and baked potato, and, as her digestion improved, beefsteak and stewed chicken were added to her bill of fare.

The interesting features connected with this case are, that, notwithstanding the terrible laceration of the peritoneum, not a single symptom of peritontitis presented itself. The long incision through the peritoneum, which afforded easy manipulation, hastened the termination of the operation; and while it exposed the viscera, liver, and delicate peritoneum to the action of the atmosphere, still, no unfavorable symptoms resulted. Both ovaries being diseased, they, together with the broad ligaments, were excised close to the uterus, leaving that organ unsupported within the pelvic cavity, making it a matter of serious consideration with me, whether or not, I had better apply the écraseur to that likewise. Instead, however, I placed it in contact with the abraded surface of the left severed pedicle, to which it attached itself, and in which locality it can now be felt.

In 28 days after the operation Mrs. Leach was up and about her house, expressing herself as being "as well as ever."

The magnitude of the case with its successful termination, is such as to give us renewed confidence in the operation of ovariotomy.

I cannot close this report, without expressing my indebtedness to Drs. Rice and Wagenseller, for their valuable assistance during the operation, and to Dr. Smith, for the able manner in which he conducted the after-treatment.

Retroversion of the Gravid Uterus; Reduction by Fluid Pressure; Recovery.

This case is related in the *Lancet*, and occurred at Kings Coll. Hospital, under charge of Dr. Playfair. The patient, æt. 42, mother of twelve children, four months pregnant, was suffering from inability to retain the urine, which was constantly dribbling, intense backache, great pain in defecation, and inability to sit or lie comfortably. Examination, revealed the gravid uterus in a complete state of retroversion. Failing in the ordinary method by manual operation and posture to reduce the organ, a caoutchouc bag of sufficient size to fill the vagina, was introduced, and kept constantly filled with water, care being taken at the same time, to keep the bladder and bowels empty. After steady pressure had been kept up in this way for about twenty-four hours, the patient expressed herself much relieved, and, on examination, the uterus was found completely replaced. There has been no subsequent tendency to displacement.

Medical Societies.

BALTIMORE MEDICAL ASSOCIATION.

Meeting December 10th, 1866.

Reported by J. W. P. Bates, M. D.

Subject for discussion:

"Cerebro-Spinal Meningitis."

Dr. Dare opened the discussion as follows:

As far as the cause and nature of this disease is concerned, I know but little. It seems to be a disease of the blood, from some poison acting on that fluid. There is a great tendency to inflammation of the brain and spinal cord. The most common phenomenon after death is fluidity of the blood. The lungs are hypostatically congested. In most cases there is effusion of serum in the brain and spinal cord; serum in the pericardium. I have seen six or eight cases of the disease. In the majority of instances, it attacks suddenly. I recollect the case of a man in the hospital. There seemed to be but little the matter with him during the day; at night he became comatose, and so restless that he had to be confined to the bed by sheets. On the following morning there were a number of ecchymosed spots, but they were attributed to the friction of the sheet, which was used to restrain him. On the second day it was found that he was partially paralyzed on the right side. He died in forty-eight hours after admission. Serum was found in both lateral ventricles, and a small quantity of puruloid matter.

In another case there was opisthotonos, and after death effusion was found in the spinal cord, which, at one point, was very much softened, and almost fluid.

A man was brought into the hospital, and for a number of weeks the diagnosis was very obscure; thought it might be a mild case of typhoid fever; thought him more lazy than sick. He died, and the brain was found covered with a purulent matter, as was also the spinal cord. There had been no marked paralysis, but incapacity for exertion.

As proving the contagious character of this disease—a cadet was taken sick, after having examined a number of these cases. At first it resembled a case of malarial fever—headache,

fever, etc.—but it developed itself as a case of cerebro-spinal meningitis, with a fatal result.

The prognosis is very grave. Two cases came under my notice, which recovered. In one, the spots resembled purpura hemorrhagica. The most striking characteristics of the disease, after death, are effusion of serum in the membranes of the brain, and fluidity of the blood. Death is usually the result, under any mode of treatment. Stimulants and tonics are usually prescribed. Opium has been recommended on theoretical grounds. A number of cases have lately occurred in this city, which resemble this disease.

Dr. Waters. Did you observe thrombi in the brain?

Dr. Dare. I do not remember that I did. Dr. McGill observed the ventricles very carefully, and generally found puruloid matter on the floor of the fourth ventricle.

Dr. Waters. In regard to the case of the cadet alluded to by Dr. Dare, Dr. McSherry was his physician, but during the night his case became so critical, in the opinion of his friends, that they came for me. At that time he was suffering with severe head-symptoms. I do not know whether his head was so painful, or whether from having observed a number of cases in the dead-room, he was continually imploring us to do something to remove the fluid from his ventricles. His face was turgid, injected conjunctivæ, pulse bounding, bowels costive. I gave a purgative, which acted with apparent benefit. Met Dr. McSherry in the morning, and we both thought that it resembled a case of typhoid fever. Next day petechiæ extended all over the body. The pulse was then very weak; we used stimulants and tonics, but he sank that night. I had two cases in the hospital of this disease. One had been shot in the knee-joint, and afterward had an attack of scarlatina. I was called to see him about two weeks after his recovery, and thought he was suffering from one of those attacks of wandering pains wounded men so frequently have. In a day or two petechiæ appeared. (Dr. Neff saw the case with me.) There was extension of the head, mouth open, tongue tremulous, as also his arms, sphincters relaxed, restlessness. In a day or two his eyes glazed over, and remained half open. Finding that he had not slept for several nights, I ordered morph. sulph., gr. ½, every two hours, until he slept. It was continued until 10 o'clock at night, when he went to sleep, and awoke much better. I then gave him stimulants, etc., but attributed his recovery to the free use of morphia. A patient in an adjoining bed had a very mild attack of the disease. The petechiæ were not so large nor deeply colored, but they were larger than the spots in typhoid. In cerebro-spinal meningitis the cerebro-spinal symptoms of typhus are not the most prominent. I think there are sufficient symptoms to distinguish it from typhus.

Dr. Fay. Did Dr. Dare make any microscopical examination of the brain and spinal cord?

Dr. Dare. I did not.

Dr. Arnold. It seems that all the cases of this disease related occurred in hospitals. I recollect some cases which came under my notice some few years ago, which, since I have read the history of cerebro-spinal meningitis, appear to have been cases of this disease. I attended one in the eastern part of the city, in consultation, and we thought it a case of typhus. Troubled with wandering pains, and at first I thought I had a case of rheumatism. There was great prostration; a weak, feeble pulse, and petechiæ. It was taken worse, and had a tendency to bend the head backward; died that night. I attended another, in which there was no rheumatic pains nor opisthotonos. Progress rapid, and died in convulsions.

The term, cerebro-spinal meningitis, is not a very happy one, as it intimates that it is a pure inflammation, which it is not; it is zymotic. Which is the antecedent, the inflammation or the typhoid poison? Old authors describe typhus with cerebral, abdominal, and thoracic symptoms. This seems to be typhus, with cerebral complications. The petechiæ are characteristic of typhus. Its claim to a separate name is not entirely made out.

Dr. Waters. In the cases I have mentioned, the rapid recovery attracted my attention; they got well at once. There was no fever running on for weeks, nor even days. Within forty-eight hours after the man had slept, he was entirely free from fever. In typhoid, I have seen hundreds of cases, and have tried to abort them, yet I have never seen it shortened a single day; it went on for the six weeks of its course, and then concluded. I suppose typhus progresses the same way. If one of these cases had been typhus, and had tended to a favorable issue, I would have expected that there would have been more or less fever for three or four weeks.

Dr. Hartman. A young lady, aged 16, on Saturday was in the full vigor of health. On the next morning she did not rise at the usual time; said she did not feel well; had some headache; could not describe her symptoms. Some magnesia was administered, but getting worse, I was sent for, and saw her that evening. All that I could get out of her was that she had headache. Had large blotches over her body; most plentiful on the thighs and abdomen. Complexion purplish; lips livid; pulse weak and flickering; pupils dilated; vomiting. Had several large, fluid and involuntary operations from the bowels. Gave her stimulants; carb. ammonia, brandy, etc. Died on the next morning. I did not know what else to call this case but cerebro-spinal meningitis, as it resembled the cases which occurred around Philadelphia.

Dr. Williams. What was the average time from the commencement of the indisposition to the appearance of the petechiæ?

Dr. Dare. About two days.

Dr. Williams. What was the average duration of the cases?

Dr. Dare. Six days, including one which lasted five or six weeks. In two cases that I saw, one, a boy, resembled the case related by Dr. Hartman; died in thirty-six hours. On post-mortem could not detect anything except venous congestion. In the other, there was venous congestion of the pia mater.

Dr. Bates. There has been considerable discussion concerning this disease; whether it is a new disease, or only a variety of typhus. I have prepared a table, exhibiting the prominent symptoms of each, which I will read.

Cerebro-spinal Meningitis.	Typhus.
Ushered in with the usual symptoms of fever; chilliness; quick pulse; vomiting, etc.	Same symptoms; rarely vomiting.
More frequently the attack is sudden.	The attack may be quite sudden.
Bowels constipated.	Bowels constipated.
Respiration hurried, oftentimes difficult, and toward a fatal termination stertorous.	Respiration hurried, noisy and shallow.
Tongue sometimes moist and natural; more frequently dry, and covered with a whitish or dark-colored fur.	Tongue moist, or white, or yellowish white. Becomes dry and brown, as the disease advances.
Pulse variable; usually more frequent than in health.	Pulse frequent and weak.
Petechiæ appear in from two to seven days.	Appear in from five to seven days.
The face or surface of the body may, instead of being covered by petechiæ, be of a uniform livid hue.	Color of the face dusky, gradually deepens; sometimes of a dark-red, purplish or livid hue.
Delirium an almost constant symptom. Mostly of a mild character, but as the disease advances it gradually deepens into coma.	Stupor frequently replaced by delirium. Usually of a mild character; sometimes all the symptoms of cerebritis; coma.
Pupils dilated; sometimes contracted, or unequal, or insensible to light.	In the last stages sometimes dilated; sometimes extremely contracted.
Pain variable in position and intensity. Almost every case accompanied by headache, which is most frequently in the forehead. Back of the head, vertex, spine, limbs and joints also attacked.	Pain in head, back and limbs. Headache most commonly over the brows.
Hyperæsthesia of the surface of the body.	Hyperæsthesia.
Spasms usually of the tonic kind; opisthotonos; trismus, without any other tetanic symptom.	Spasmodic muscular movements, amounting almost to convulsions.
Deglutition not unfrequently difficult.	Deglutition frequently difficult.
Excessive debility.	Excessive debility.
Most common from 15th to 21st year.	Most common in middle or advanced life.
Prognosis unfavorable.—Mortality 50 per cent. Most deaths from 2d to 6th day.	Prognosis variable, according to the violence of the epidemic. Mortality from 10 to 15 per cent.
Contagious.	Contagious.
Post mortem.	
Brain. The most frequent lesions are, effusion of serum, lymph or pus, and a congested condition of the membranes, or substance of the brain.	Venous congestion, with some serous effusion in the ventricles, or beneath the arachnoid. Sometimes clear evidences of cerebritis.
Liver and spleen enlarged and congested.	Liver and spleen often healthy, though frequently softened; sometimes enlarged.
Peyer's glands sometimes ulcerated; not unfrequently unduly prominent.	No disease in Peyer's glands, unless in a few cases, which it is fair to ascribe to complication with enteric fever.
Blood unnaturaly fluid, and dark-colored.	Blood fluid, and dark; sometimes resembles molasses.

Dr. Arnold. The paper just read confirms my convictions that these two diseases are identical. Simple typhus is very rare in this country, and it may be that this is typhus, complicated with disease of the nervous centres. The greater apparent rate of mortality may be on account of the smaller number of cases, and the milder ones being called by some other name. The course of treatment goes to show that there is a reserved conviction that these cases are under the influence of the typhus poison. Any fever complicated with disease of the nervous centres would take a rapid course. There is the weight of evidence in favor of the opinion that this is a variety of the old typhus, or petechial fever.

Editorial Department.

Periscope.

Pharmaceutical Jellies.

In an article on this subject, by Mr. W. H. Laster, published in the *New Orleans Med. and Surg. Journal*, the following formulæ are given. For gelatinizing cod-liver oil:

Take of gelatine . .	10 drachms,
Boiling water, . .	8 ounces,
Syrup, . . .	8 ounces,
Cod-liver oil, . .	15 ounces,
Oil of lemon . .	30 minims or q. s.

Dissolve the gelatine in the boiling water, add the syrup, and finally, incorporate the cod-liver oil, aratomized with the oil of lemon ; then immediately place the vessel in cold water, and allow it to remain until the jelly solidifies. Should a portion of the oil separate, triturate the mass until it becomes uniform, and immerse the vessel in boiling water until the jelly becomes transparent. Castor oil and copaiba may be suspended, but with more difficulty, in a similar manner.

A second mode of gelatinizing the various oils, depends upon the fact that arabin forms with sesquichloride of iron a gelatinous mass. The sesquichloride of iron employed should contain no excess of acid, (what acid?) and should be in every instance, mixed with a portion of the oil, before incorporation with the emulsion, otherwise the mass will be granular or not of uniform consistence. Here follows a formula:

Take of gum arabic . .	5 drachms.
Take of water . . .	3 drachms.
Take of syrup . . .	10 drachms.
Castor oil	6 drachms.
Oil of lemon . . .	5 minims.
Tincture of chloride of iron	50 minims.

Dissolve the gum arabic in the water, and emulsionize five drachms of the oil with the mixture. Add the syrup, place the emulsion in a porcelain capsule, and gently heat it, until it becomes fluid. Mix the tincture of iron with the remainder of the oil, and incorporate the mixture with the heated emulsion; lastly add the oil of lemon, place the capsule in ice-cold water, and stir until completely cold.

A Case of Protracted Utero-Gestation

is related by Dr. Joynt in the *Dublin Quarterly*. The evidence in the case is positive that the minimum duration of pregnancy must have been 317 days, or about six weeks more than the average. Dr. J. in his remarks, quotes Elsässer, who found in 160 cases of pregnancy, eleven protracted to periods varying from 300 to 318 days.

Amputation at the Hip-Joint.—Statistics.

In an article by Dr. Butcher, on amputation at the hip-joint, published in the last number of the *Dublin Quarterly Journal of Med. Science*, 29 cases are tabulated—18 from the London hospitals, and 11 which occurred at Philadelphia, tabulated by Dr. Th. Morton.

Of these 29 cases, 16 recovered; of the 13 deaths, 5 were after operations for injuries of a grave nature, comprising all the cases of this nature in the table.

Reviews and Book Notices.

The Common Nature of Epidemics, and Their Relation to Climate and Civilization. Also, Remarks on Contagion and Quarantine, from Writings and Official Reports, by Southwood Smith, M.D., Physician to the London Fever Hospital, "The Father of Sanitary Reform," Member of the General Board of Health, 1848—1854, etc., etc. Edited by T. Baker, Esq., Barrister at Law, Author of "The Laws Relating to Public Health, Medical, Protective," etc., etc. Philadelphia: J. B. Lippincott & Co. 1866. 12mo., pp. 130. *Price*, $.100.

We quote from Mr. Baker's Introduction to this work, the following just eulogium of its author. "Never was a country guided through the perils of an epidemic with greater wisdom and energy than Great Britain during the cholera of 1848—9. The master spirit on that occasion was Dr. Southwood Smith. Long previous to that time, this great man had had a more extended experience of the nature, causes and treatment of zymotic diseases, than perhaps any physician before or since. He had made them his special study, and applied the great powers of his clear reasoning, and philosophic mind, to the discovery of their causes, and the best means of arresting their progress. Whilst holding the post of responsibility as the chief medical adviser of the nation in his capacity of medical member of the General Board of Health, Dr. Southwood Smith left behind him a set of official reports on the subjects of epidemics, contagion, and quarantine, which will never die. 'The reports drawn up by Dr. Southwood Smith,' writes Dean Peacock, 'on the proper precautions to be taken to meet the recent outbreaks of cholera, have been of the most essential service wherever their recommendations have been followed. If Dr. S. Smith, however, had no other claims on the lasting gratitude of the nation, I would refer to his reports on quarantine as quite sufficient to establish them. They have contributed more than any other publications on this subject, to dissipate the gross and mischievous delusions upon which these regulations are founded, and which are known to be so injurious to the free commercial intercourse and prosperity of nations.'"

The essay on "The Common Nature of Epidemics," occupying the first sixty pages of the volume before us, is a masterly production. Containing a great deal of historical and statistical information, it surpasses infinitely in clearness and comprehensiveness of reasoning, the book of Dr. Anstie on Epidemics, not long since noticed in this journal. We do not know any essay on the subject equal to it. The rest of the book consists of the matter of two reports of Dr. S. Smith's upon "Quarantine and Contagion." They also are admirable. Most of their space is occupied by a scrutinizing examination of the evidence in regard to the famous case of the "Eclair" steamship, and the epidemic of yellow fever at Boa Vista, in 1845, ascribed by Dr. McWilliam, to importation by that vessel. We commend those who suppose this case to have been an *experimentum crucis*, in proof of the contagiousness of yellow fever, to the careful reading of these pages.

Dr. Southwood Smith's conclusion, deliberately reached, and most emphatically stated, is, that "facts and observations place beyond all reasonable doubt the utter inutility of the system of quarantine."

Transactions of the Am. Medical Association.
[Second Notice.]

Proposing to place before our readers a brief account of the contents of the XVIth volume of the Transactions, (commenced in our last number,) we take up, next, the report of the Section on Surgery. It contains, first, a statement of the proceedings of the Section; which was presided over by Dr. A. C. Post of New York. Several new surgical instruments were exhibited, and a case was reported by Dr. J. C. Hughes, of Iowa, in which the bilateral operation for vesical calculus, was four times performed on the same patient. Dr. Post's description of his new instrument for performing lithotomy by a bilateral section of the prostate, as well as of one for the introduction of "insect pins" for sutures, appears at the end of the publications of the Surgical Section.

Dr. J. M. Boisnot, of Philadelphia, contributes a page, giving account of a new apparatus for

treatment of fractured patella. A double inclined plane is used, keeping the limb slightly flexed. This is a more natural and easy position than the usual one of extension; and affords more purchase for traction upon the upper fragment of the patella.

The most elaborate paper presented in this section, is one by Major J. J. Woodward, M. D., Assistant-Surgeon, U. S. A., on the "Causes and Pathology of Pyæmia or Septæmia." This fills thirty-two pages. Dr. Woodward prefers the term *septæmia*, but defers to usage in adopting that of pyæmia. He gives, first, a terse account of the ordinary phenomena of the affection. Some readers, at least, will excuse our introduction of this in his own words.

"In wound-pyæmia generally, the first symptoms are malaise, with loss of appetite, restlessness at night, and pallor of the skin, sometimes verging on an icteroid condition. The patient frequently complains of a peculiar unpleasant taste in the mouth, which communicates itself to all articles of diet. After several days of this condition, rigors or chills make their appearance for the first time. Fever once established may present an intermittent or remittent form, but usually, in the course of a very few days, becomes continuous and typhoid in its character, with hot, dry skin, frequent, feeble pulse, mental disturbance soon amounting to low delirium or stupor, a red, dry tongue, which after a time becomes brown or coated with sordes, meteorism, diarrhœa, in short the symptoms of the fevers of the typhoid grade. Icterus, more or less pronounced, is a frequent accompanying phenomenon. These constitutional conditions, when dependent upon a visible local lesion, are accompanied by local phenomena of equal significance. If the point of departure be a wound, it will be found to have lost its healthy character, the formation of normal pus ceases, the lips of the wound become dry and livid, and often after amputations or gun-shot injuries, sloughing or phagedena sets in. The superficial veins leading from the wound are swollen, hard and tender; occasionally abscesses form in their track. Sometimes an erysipelatous condition of the integument commences at the wound and spreads with great rapidity. In many of these cases brought under my notice, during the late war, the erysipelatous blush was modified by a yellowish or brownish tinge, intermixed with the deeper shades of red, and sloughing of the integument was not uncommon (erysipelas gangrenosa.) In the cases which occur after parturition the lochia become at first fœtid, then nearly or quite suppressed, the vagina is hot and dry, the lower portion of the abdomen tender, and the phenomena of metritis or metro-peritonitis are usually present. The progress of the affection is often complicated with symptoms attributable to the secondary abscesses or foci, such as difficulty of breathing, more or less cough, pain in the side, dulness on percussion, with rude or bronchial respiration, if the lungs have become their seat; jaundice, and pain or tenderness in the right hypochondrium, if the liver; swelling and tenderness in the articulation affected, in the case of abscesses in the joints, etc."

"The duration of the disease may vary from a few days to several weeks, and in either case it is very apt to prove fatal." Pp. 174, 175.

The morbid appearances in pyæmic cases are next described. *Phlebitis* is considered, giving the credit to Gulliver of having first shown, that the "pus-like fluid" following coagulation in inflamed or obstructed veins is not pus, but softened and degenerated fibrin. In regard to the state of the blood in pyæmia, (so-called) the controversy as to originality, between Virchow and Bennett, is reviewed, deciding, with clear propriety, in favor of the claim of the Berlin pathologist to have first designated the true nature of leukæmia or leucocythæmia; leaving ichorrhæmia or septæmia to be separated from this by advanced investigation. Secondary abscesses following injuries have long been known and studied; but their mode of production was not understood, until Virchow established the theory of *thrombosis* and *embolism*; one of the most interesting developments of modern pathology.

We do not propose to attempt to make an abstract of Dr. Woodward's essay; a few words of citation further must suffice us. His own observation goes to show, that "pyæmic phenomena have been invariably connected with local septic processes."

The term *osteo-myelitis*, he considers to have been often misapplied to *gangrene* of the marrow of bones after injuries or operations. *Puerperal pyœmia* is also treated of; as well as *phlegmasia dolens*, *pyœmia of new-born children*, and that connected with *ulceration of the bowels* or other morbid processes affecting abdominal organs. *Idiopathic* or *spontaneous* pyæmia, of Rokitansky and Wunderlich, Dr. Woodward believes to be really *leucocythœmia*.

The remaining papers in this Report of the Surgical Section of the Association will be noticed in another number.

—— Not less than six vacancies have recently occurred in the Paris Faculty, namely, by death of Prof. Guillot, (Clinical Medicine,) and the retirement of Trousseau, (Materia Medica and Therapeutics). Andral (Pathology); Cruveillier (Path. Anatomy); Piarry (Clin. Med.); Jobert de Lamballe (Clin. Surgery.)

—— Professor Huxley of London, is giving a course of lectures to working men at the Geological Museum in Jermyn St.; the subject being birds and reptiles. The fee for the course of six is sixpence. The lectures hitherto have been most fully attended.

Medical and Surgical Reporter.

S. W. BUTLER, M. D., *Editor and Proprietor.*

PHILADELPHIA, FEBRUARY 23, 1867.

ANOTHER DEATH FROM CHLOROFORM.

Another death from chloroform has occurred, and under circumstances which demonstrate most conclusively, that the administration of this anæsthetic will sometimes be followed by fatal results, in spite of all foresight, and the most energetic endeavors at resuscitation.

The case occurred in Bellevue Hospital, in a patient under charge of Prof. F. H. Hamilton. The facts of the case are of so much interest, that we lay the essential points of the testimony, as given before the Coroner's inquest, *in extenso*, before our readers.

Prof. Hamilton testified:

"Deceased was admitted to Bellevue Hospital on the first of January, 1867, having lost a large portion of her nose, said to have been bitten off by a negro in a brawl; upon consultation it was decided that an operation should be made; accordingly, on the 7th of January, in the presence of the class of Bellevue College, I had her completely placed under the influence of an anæsthetic, and made the operation by dissecting a portion of integument from the forehead and transferring it to the nose. No ill effects followed the use of the anæsthetic or the operation; the integument united speedily, and every circumstance promised a complete success. A few days later I constructed the columnæ nasi, and modelled more completely the tip of the nose, without using an anæsthetic; February 4th, one month from date of first operation, I proposed to complete the operative proceedings by separating the pedicle by which the new nose remained attached to the forehead, and returning it to the position from whence it had been removed; at 10 o'clock, A. M., the patient walked into the ampitheatre, accompanied by the female nurse, two house surgeons and myself, and was laid upon the operating table; her clothes were loose about her waist, and there was nothing about her neck; a blanket was thrown on her body and extremities, and I directed the house surgeons to give her first a little chloroform, and then the ether; it is my almost uniform practice, when ether can be obtained, to give it alone as an anæsthetic, reserving chloroform for a few exceptional cases, and then giving it only in a moderate quantity; this has been my practice and my teaching ever since the introduction of this latter agent, notwithstanding the opinion entertained by a large proportion of my professional brethren, that chloroform may be given with entire safety. In army field-practice chloroform, as is well known, has hitherto been used almost exclusively. My reason for deviating from my own usual practice in this case was that, owing to the wound on the forehead and nose, the cone containing the ether could not be made to cover the entire face, so as to exclude properly the atmospheric air, without exposing these raw and sensitive surfaces to its vapor; the cone, made of a napkin, folded diagonally, was six or eight inches in diameter at its open extremity, and being applied only over the mouth, she would contrive to inhale from air through the nostrils and through the open and expanded wings of the cone. I believed that these circumstances would greatly delay, if not absolutely prevent anæsthesia from ether; I left the room for a moment, to look after some of the preparations of the operation, and returning, found the patient making a good deal of noise, talking and throwing her hands and feet about, as is usual when the ether has taken partial effect; one of the house surgeons was then holding the cone of ether over the mouth only—the chloroform, as I was informed, having been given previous to my return to the operating-room; the nostrils were open, and much the largest portion of ether was escaping from the sides of the open mouth of the cone, where also an abundance of fresh air was admitted; I directed no change in the mode of administration, but waited about five minutes, (probably 15 minutes from the time of commencement of exhibition of the anæsthetic), and then, observing that she was more quiet, but breathing naturally, I turned to the table of instruments, and selected my knife for the operation; turning again and approaching the patient, I observed that she had ceased to breathe; the house surgeon made the same discovery at the same moment; both the house surgeons were standing beside her, and had not left her for one moment since the administration of the anæsthetic was commenced; I immediately felt for her pulse at the wrist, but it had ceased; I did not stop to put my hand upon her heart, but turned her at once upon her left side, and then again upon her back; this was repeated three or four times, and occasionally forcible pressure was made upon the pit of the stomach, when at length she made one long inspiration, and I hoped the danger was passed. At this time her face was rather pale, but not purple or otherwise discolored; this process of turning and pressing upon the stomach was continued, and in a few minutes she breathed again; during upward, of perhaps eight or ten minutes, the long inspirations occurred at pretty long intervals; her tongue, in the meantime, and until after death, was held forward from the glottis by a pair of toothed forceps. At the end of the eight or ten minutes the inspirations became much shorter, and occurred at longer intervals; the poles of a galvanic battery which I had ordered, and which was promptly at hand, and in working order, were now applied to each side of the body, opposite the diaphragm and the heart. During this time alone, the attempts at artificial respiration by turning and pressure were suspended; observing no effects from the battery it was laid aside, and the manipulations were resumed; her lips were now purple; I opened the windpipe, and introduced well into the windpipe a large flexible catheter, and with my own breath inflated the lungs, aiding the respiratory movements by rotation and pressure; inflation of the lungs through the catheter was repeated several times at various periods of time from the beginning to the end of the efforts at resuscitation; the chest was struck violently over the heart, and over other portions with the palm of the hand; the windows were thrown freely open to admit air. At 10.40 I declared to the gentlemen present that the case no longer presented a possible ground of hope; she had probably ceased to breathe for at least ten minutes, but I directed the efforts at artificial respiration to be continued under my supervision, and they were not suspended until 11.10; alarming symptoms were first presented about 15 minutes after the inhalation commenced, and breathing ceased entirely within 15 minutes thereafter, but the efforts at resuscitation were continued more than half an hour after. Both the ether and the chloroform were manufactured by Dr. Squibb of Brooklyn. The only complaint made of either of these articles by the surgeons, who had used them in the hospital, was, so far as I am aware, that the ether did not take effect quickly. This I have repeatedly noticed when exhibiting it for the purpose of operating during the last year: I have administered chloroform

and ether very frequently, especially the latter, and seen chloroform exhibited some hundreds of times. I have never seen death directly caused by either, yet there are upon record more than a hundred cases of death by chloroform. I do not know that there are any recorded cases well authenticated of death from ether. I think the chloroform in this case was used with the ordinary precautions, yet I have no doubt that it was the cause of death.

Dr. David M. Corey, one of the house surgeons at the hospital, corroborated the testimony of Dr. Hamilton.

Dr. Henry F. Walker, Senior Assistant Surgeon at Bellevue Hospital, testified that he had given chloroform 12 or 15 times, and ether about six times, without any bad effect. He added: I administered the chloroform to deceased the second time, and with a great deal of care; I gave her about one drachm of the chloroform first, but the patient did not come under its influence. I then gave her ether for about two or three minutes, she did not come under the influence of that, and I was directed to replace it with chloroform. Dr. Corey poured about half an ounce of chloroform on a folded towel, and held it about two inches from her mouth: about the same amount was poured on the towel a second time, and she then came under the influence of it. The chloroform was then replaced by ether, and administered in the usual way; after the ether had been administered for one or two minutes the patient stopped breathing suddenly, and efforts at artificial respiration were resorted to to restore her, and continued for three-quarters of an hour; I was present at the post-mortem examination, and examined the organs after they had been removed, and saw no lesions sufficient to cause death; in my opinion death was the result of the inhalation of chloroform.

Upon this, and other testimony, which we omit, the jury rendered the following verdict:

"That the said Ann McGlennan came to her death by inhaling chloroform, while undergoing an operation for the purpose of forming a new nose, at Bellevue Hospital, Feb. 4, 1867; and that said operation was done at her own request. The jury further say, in view of the fact that chloroform is used by all the faculty of the United States for the purpose of performing operations, we consider that there is no blame to be attached to Dr. Hamilton or any of his assistants.

CHOLERA PREVENTIVE.

A question of great and absorbing interest to medical men is how best to prevent the ravages of the cholera during the coming season. We are liable to have this relentless foe to our race thrust upon us at any moment by the arrival of a vessel from abroad at any of our many seaports, or by the fanning into a flame the slumbering seeds of the last epidemic, that may be lingering among us still. It becomes the duty, therefore, of all members of the medical profession to urge upon all with whom they have any influence, to use proper preventive measures without delay.

In the Reporter of Jan. 12th, we noticed a new contrivance which is in process of manufacture by the Trenton Pottery Company, under the name of the "Patent Deodor Vessel," which seemed to us calculated to be of great service in the sick chamber, for the purpose of neutralizing foul and unhealthy emanations.

We are pleased to learn that that distinguished body, the New York Academy of Medicine, have had their attention called to it, and with their well known disposition to encourage anything that has a tendency to prevent disease, appointed a special committee to report upon this vessel. This committee reported at a stated meeting of the Academy on the 6th inst. The following is the substance of their report:

"Your Committee believe it to be the duty of the Academy of Medicine to encourage by all means in its power the study and improvement of methods for the *prevention of disease;* while the *treatment* of all diseases, in each individual case, must be left to the judgment and skill of the attending physician.

"That your Committee have examined carefully the "Deodorizing Chamber-Pot," and recommend its use as a most effective means of preventing the spread of cholera and other zymotic diseases.

"That the invention consists of a hollow compartment in the lid or cover, for the reception of a suitable deodorizing compound, with an opening in the top for the emission of the neutralizing gas, thus bringing the antidote in immediate contact with the poison.

"That the invention is patented, and that the formula of an excellent disinfecting compound will accompany each vessel.

"That both the vessel and the compound are recommended to be used in all sleeping apartments and other places where chamber-pots are used."

The report was unanimously adopted.

It is a matter of congratulation to physicians, nurses, and all who are obliged to visit sick chambers, that a means of purifying the atmosphere of these rooms, so convenient and effective, has been discovered. As a mere matter of comfort, this vessel will be gladly welcomed into every well regulated dwelling. As a means of preventing the spread of terrible diseases, it becomes of incalculable value. It is believed by eminent sanitarians, that carrying chamber-vessels—which emit foul odors and poison the air—from the chamber of a patient to empty, is one of the most prolific sources of the spread of cholera.

With the "deodorizing cover" emitting the counteracting gas immediately over the vessel, and between the contents of the pot and the nose of the person handling it, there is no danger incurred by the one whose duty requires him or her to take hold of and remove the pot. It is so simple that it cannot get out of repair, and must soon become introduced into general use.

We feel so deeply interested in the public welfare, and in the comfort of families in this city and elsewhere, that we advise the introduction of these vessels to general and common use. The members of the medical profession will readily see the benefit and comfort to be derived from the universal use of these pestilence-preventers.

ADVERTISING DOCTORS at a DISCOUNT.

At a late meeting of the College of Physicians of Great Britain, information was received of the advertising vagaries of a licentiate of the College of Physicians, practising in New Zealand. Measures were at once adopted to have his name erased from the roll of the College after due trial.

The notorious consumption-advertising Hunter, after having "played himself out" in the U. States, went to London and there resumed his advertising tricks. The *Pall Mall Gazette*, one of the few honest journals of the day, came out in a strong article against this charlatan, stamping him as an imposter. Hunter invoked the law for libel, and after due trial, he was awarded damages to the extent of *one farthing*. This of course was a virtual triumph for the *Gazette*. In its defence, it advocated the principles of ethics by which the medical profession is guided, and these were emphatically and decisively endorsed by Lord Chief Justice Cockburn.

During the trial, Hunter's counsel claimed, that such forms of advertisement and practices as he employed, were accordant with the American standard of professional ethics. This imputation was rejected by Chief Justice Cockburn, and in further exposition of the lie, the *British Medical Journal* quotes in extenso, paragraphs, 1, 2, 3, 4, of Art. I. (*Duties for the Support of Professional Character*) of the code of ethics of the American Medical Association. We thank the *Brit. Med. Journ.*, for having thus defended the honor of the profession in the United States.

But, when we see the profession in this country assailed by quacks in other countries, and manfully defended by a Chief Justice, and by a representative Journal of Medical Science in England, is it not our solemn duty to see to it that our own members are not allowed to demean the profession here?

Paragraph 3, article I, of the code says: "It is derogatory to the dignity of the profession to . . . . . publish cases and operations in the daily prints, *or to suffer such publication to be made*, ... etc., etc. These are the ordinary practices of empirics and are highly reprehensible in a regular physician."

We have but lately exposed an instance of such "reprehensible empirical practice." This mode of advertising by "local items," stating "accidents," "big operations," etc., in connection with the doctor's name in our daily papers, is unfortunately too common to be overlooked. We shall, hereafter, keep a sharp lookout for these offenders against professional honor, and we ask our friends to send us copies of newspapers in which such "puffs" occur. We have a certain degree of admiration for the bold quackery of a Hunter, who does *not* claim to be within the pale of regular medicine, but a feeling of disgusting contempt overcomes us, when we see those who claim to be within this pale, guilty of "sneak-thiefism." There is more honor in the bold highway robber, than in the "gentlemanly" and "professional" pickpocket.

Notes and Comments.

Our Correspondence.

We have had little enough time of late to give the necessary attention to our correspondence, and have been compelled to neglect it somewhat; but we have just had occasion to look over the letters received for the week ending February 9th—a moderate week—and find that we had communications during that week from *thirty* States and Territories of the Union, and from Ireland and the Sandwich Islands. A glance weekly at our list of "communications received," on second page of cover, will give some idea of the extent of our circulation.

The Daily Pocket Record.

We have been agreeably surprised and exceedingly flattered at the reception the Physician's Daily Pocket Record has met with from the profession. The present indications are that a new edition will be called for very soon. The list of new remedies, the classified priced list of medicines, the fee bills, the arrangements for keeping accounts, and other features have proved acceptable. Let it be borne in mind, that the pages devoted to the purposes of a visiting list are so arranged that the records can begin at *any* season of the year, and not merely with January. We hope our readers will aid us in perfecting the work, by making suggestions toward that end. They will be thankfully received, and so far as practicable adopted.

The *Buffalo Medical Journal* says of the Record, it is "the most admirably planned, beautifully bound Pocket Record which has yet made its appearance."

The New Philosophy of Force.

Dr. McElroy, of Zanesville, Ohio, treats us in this and the preceding numbers of the Reporter to an elegant essay on the very interesting and important subject of the philosophy of force. The bearing of this topic on the every-day practical duties of the medical man may not now be very apparent, but it is only because we have not yet gathered enough "pebbles from the shores of the great ocean of truth" to fully understand the relation between true philosophy and the practice of the healing art.

We commend this paper to the serious attention of our readers, and trust that it will have the effect of impressing on their minds the importance and necessity of elevating the standard of education of the candidates for the doctorate. That title should not be degraded, as it too often is, by being conferred on the ignorant and presumptuous.

Transactions of the American Medical Association.

Those desiring to possess this volume, which contains many valuable and interesting articles, can do so by enclosing $5, with 50 cts. for postage, to the Treasurer, Dr. Caspar Wister, 1303 Arch street, Philadelphia.

Library of the late Dr. David Hosack.

We would call the attention of our readers to the sale in New York, on the 4th, 5th, and 6th of March, of the valuable library of the late Dr. Hosack. Many of our readers will be glad to possess mementoes of that great and good man.

Correspondence.

DOMESTIC.

On Diphtheria.

Editor Medical and Surgical Reporter:

In your issue of Jan. 5th, is published a discussion upon the subject of diphtheria by the Baltimore Medical Association. I have perused that discussion with much interest. Perhaps diphtheria is more malignant in Baltimore than it is in the country. Certainly, it is not so fatal here as Dr. Arnold reports it to be with him. Bad cases do get well here, at least some of them, while others prove fatal. I think that extreme cases have got well. I will relate one:

A boy, aged six years, was attacked with diphtheria, the membrane well formed. He was treated by Dr. Crandall with the tonic and stimulant treatment. In a few days he got better, and was dismissed. A few days afterward the boy was taken worse, the tonsils became covered with the pseudo membrane, which progressed into the trachea and bronchial tubes. The little fellow's life was despaired of by his parents. A particular rattle and whistling sound in the bronchial tubes induced the Doctor to believe that the membrane had become detached, and he proposed giving an emetic to dislodge it; but it was objected to by the parents as being a useless torture. Counsel was called, and resulted in giving the emetic. On the first effort to vomit, the membrane was thrown out entire, the whole length of the trachea and bronchial tubes. It can be seen at any time at Dr. Crandall's office, with other specimens of the same kind. The boy got well.

I do not wish to criticise Dr. Arnold's remarks, although my experience differs widely from his. Allow me to relate one or two more cases in my own practice, to prove that the tonic and stimulant treatment will cure bad cases:

I was called to visit two boys, aged eight and ten years, that were laboring under diphtheria. Dr. Hartshorne being in the place, I invited him to go with me, and we examined them. He called them hard cases, and remarked that he never saw such a case get well. The boys were put upon the tonic and stimulant treatment. The cases appeared to be very similar. In about four days the membrane disappeared, being coughed up and spit out in patches. One of the boys then utterly refused to take any more medicine, and finally died. The other kept up the treatment and got well. I never saw two cases nearer alike.

One case more, to show the effects of stimulants:

I was called to see a young lady, aged fifteen years, who had been laboring under diphtheria one week. Had no treatment except herb teas prepared by her mother. She could not speak a word, her throat being filled with membrane, the tonsils covered and swollen so that they touched each other. I left her strong tonics to be given once in four hours, and a solution of chlorate of potassa once in four hours, alternating. Told her mother to get a quart of whisky, and get all down that she could. I was asked to see her again the next day. I told them it would be of no use. The girl, I thought, would not live thirty-six hours. They gave the medicine regularly until it was all taken, and sent me word that they thought her better, and wished me to see her again, which I could not do, but sent

orders to push the whisky treatment, which they did with a will for two weeks, and the girl got well.

All admit that diphtheria is a blood-poison. If so, then there is the seat of the disease which calls for the use of stimulants, and if we push them far enough, generally within forty-eight hours the membrane will begin to loosen and be thrown off in patches, from an eighth to half an inch broad. If we can get enough stimulants down the patient to cause emesis, all the better, the membrane will disappear all the sooner. We need not be afraid of giving too much, for we cannot intoxicate even a child who is laboring under genuine diphtheria.

As for the sequelæ, I do not believe there are any, unless caused by the treatment. I have known paralysis to follow, or rather be brought on by the use of sulphate of copper. For instance, a child was given an emetic dose of sulphate of copper every day for ten or twelve days in succession. Sometimes it would not cause vomiting, but be absorbed into the system, and paralysis was the consequence. I have known three cases of the kind in this town.

W. S. Cottrell, M. D.

Whitesville, N. Y., Jan. 31, 1867.

News and Miscellany.

Medical Convention.

At the meeting of the American Medical Association held in the city of Baltimore, May 3d, 1866, the following resolution was adopted with much unanimity, and the undersigned appointed a committee to aid in carrying it into practical effect.

"*Resolved*, That this Association earnestly requests the medical colleges of the country to hold a convention for the purpose of thoroughly revising the present system of medical college instruction, and that a committee be appointed to aid in carrying the resolution into effect."

In fulfilling the duties enjoined on them, the undersigned respectfully and earnestly invite the Trustees and Faculty of each regular medical college in the United States to send representatives to a convention to be held in the city of Cincinnati, Ohio, on Friday preceding the next annual meeting of the American Medical Association: namely, on the 3d of May, 1867. We would also respectfully suggest that all delegates to such convention be prepared to consider fully and act upon the following subjects.

First. The adoption of a more uniform and just rate of lecture fees by all the colleges in this country.

Second. The propriety of increasing the length of the annual lecture term and the number of professorships.

Third. The adoption of measures for securing more thorough attention on the part of students, to the more elementary branches of medical science, and a more progressive order of medical studies.

Fourth. The practicability of requiring three annual courses of lectures, instead of two, as a condition of graduation, and of making hospital clinical instruction a necessary part of the third course.

Fifth. The practicability of establishing and exacting some appropriate standard of preliminary education for young men proposing to enter upon the study of medicine.

Feeling confident that a free interchange of views upon these and such other topics as the convention might deem proper, would result in the adoption of measures of great importance to the interests, honor, and usefulness of our profession, we again cordially and earnestly invite your coöperation.

N. S. Davis,
S. D. Gross,
Worthington Hooker,
M. B. Wright,
Geo. C. Shattuck,
Committee.

—— Coining Blood into Drachmas. In the recently issued volume of *St. George's Hospital Reports*, it is mentioned, "as a striking contrast to Modern practice," that Sir Cæsar Hawkins, surgeon to that hospital from 1735 to 1774, and Sergeant-surgeon to King George III, is reported to have made £2,000 per annum by bleeding alone.

MARRIED.

Bozeman—Ralston.—At Macon, Georgia, Feb. 7th, by Rev. David Wills, Dr. Nathan Bozeman, of New York, and Mrs. Aurelia L. Ralston, eldest daughter of the late Judge Henry G. Lamar, of the former place.

Brown—Woodbridge.—In Holly, N. Y., in the Presbyterian church, on the 5th inst., by Rev. N. Bosworth, Dr. J. T. Brown and Mrs. L. K. Woodbridge.

Parker—Williams.—Oct. 31, 1866, by Alderman John Swift, Dr. Clifford J. Parker and Miss Elizabeth D. Williams, both of this city.

Robinson—Long.—In Tipton, Ind., at the M. E. church, by Rev. C. C. Martindale, Dr. J. M. Robinson and Naomi L. Long, all of Tipton.

DIED.

McLane.—In Alliance, Ohio, in the faith of the Gospel, Jan. 17th, 1867, Mrs. Elizabeth C., wife of Dr. P. C. McLane, aged 42 years.

METEOROLOGY.

February,	4,	5,	6,	7.	8,	9,	10.
Wind	S. W.	S. W.	S. W.	W.	N. E.	S. W.	N. W.
Weather	Cl'dy.	Clear.	Clear.	Clear.	Cl'dy. Rain.	Cl'dy. Rain. t. & l.	Clear.
Depth Rain						2 1-10	
Thermometer.							
Minimum	32°	35°	30°	26°	32°	35°	23°
At 8 A. M.	37	41	35	33	37	45	28
At 12 M.	47	44	46	42	38	47	27
At 3 P. M.	48	45	48	43	39	48	26
Mean	41.	41.25	39.75	36.	36.50	43.75	26.
Barometer.							
At 12 M.	30.	29.9	30.2	30.5	30.4	29.8	30.3

Germantown, Pa. B. J. Leedom.

Philadelphia Summer School of Medicine,

No. 920 Chestnut Street, Philadelphia.

ROBERT BOLLING, M. D.
JAMES H. HUTCHINSON, M. D.
H. LENOX HODGE, M. D.

EDWARD A. SMITH, M. D.
D. MURRAY CHESTON, M. D.
HORACE WILLIAMS, M. D.

THE PHILADELPHIA SUMMER SCHOOL OF MEDICINE will begin its third term on March 1st, 1867, and students may enjoy its privileges without cessation until October.

The regular course of *Examinations* and *Lectures* will be given during April, May, June, and September, upon

ANATOMY, PHYSIOLOGY,
SURGERY, OBSTETRICS,
CHEMISTRY, MATERIA MEDICA,
PRACTICE OF MEDICINE.

The attention of the profession and of students is invited to the importance of systematic study and of clinical instruction during the summer as well as during the winter, in order to obtain a good medical education in the short time usually required, and to our plan of combining daily Recitations with Lectures and Reading of Text-Books. The object of this School is to teach medicine thoroughly, and to make use of every method that is really valuable.

CLASS-ROOMS contain a cabinet of Materia Medica, Bones, Bandages, Manikins, Illustrations, Text-Books, Microscope, Chemical Reagents, etc., and in them students may study, practice bandaging, and conduct microscopical and chemical examinations.

SURGERY.—A course of Lectures will be delivered by H. LENOX HODGE, M. D., on the History, Causes, Symptoms, Pathology, and Treatment of Surgical Diseases and Injuries, and upon the Employment of the Microscope, Ophthalmoscope, Otoscope, Laryngoscope, Endoscope, Percussion, Auscultation, and the Thermometer in recognizing such disorders.

PERCUSSION AND AUSCULTATION in Diseases of the Lungs and Heart will be taught by JAMES H. HUTCHINSON, M. D., by Lectures and by the Clinical Examination of patients.

MICROSCOPE.—The structure of the Microscope and the manner of using it will be explained, and the microscopical appearance of the tissues and fluids in health and disease will be exhibited.

URINARY DEPOSITS AND TESTS.—Students will be instructed in the microscopical and chemical examination of the urine, and will be enabled to make themselves familiar with its practical employment.

CLINICAL INSTRUCTION.

PENNSYLVANIA HOSPITAL.—The advantage of attending the Lectures, Operations, and Clinical Examinations of patients at this important hospital will be secured without charge.

EPISCOPAL HOSPITAL.—Drs. HUTCHINSON and SMITH will take the class through its well-arranged wards, so that by the bedside disease may be readily recognized, and its symptoms accurately studied.

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THE

MEDICAL AND SURGICAL REPORTER.

No. 522.] PHILADELPHIA, MARCH 2, 1867. [Vol. XVI.—No. 9.

Original Department.

Lectures.

A LECTURE ON THE SUBCUTANEOUS INJECTION OF MORPHIA.

By Edward Warren, M. D.,

(Late Surgeon-General of North Carolina.)

Delivered before the Baltimore Med. Association, Jan. 14, 1867.

(Continued from page 104.)

In the early stages of *pneumonia*, *pleurisy*, *bronchitis*, *peritonitis*, *enteritis*, *phlebitis*, and inflammations generally, when congestion exists and exudation has not occurred—when the pathological condition consists in a local irritation, with hyperæmia resulting from perverted nervous action—the subcutaneous injection of morphia plays an important role in scientific therapy.

This practice is particularly indicated when the excitement of the nervous system is altogether disproportional to the exaggeration of vascular action, as is indicated by violent pain, increased sensibility to local impressions, and disorders generally of the sensory and motor functions.

Again, in inflammations of such organs as are largely supplied with ganglionic nerves, and in the treatment of which the nervous system requires an unusual share of attention, this mode of employing morphia may be used to advantage.

Without discussing the essential nature of inflammation, I would direct your attention briefly to the consideration of the part played by the nervous system in the development of its characteristic phenomena.

1. Heat, local and general, is one of the earliest and most persistent of the symptoms or signs of the inflammatory process.

Since the experiments of Sir Benjamin Brodie in 1811, it has been recognized as a physiological axiom, that the nervous system, though not a generator of heat *per se*, exercises a controlling influence over those local processes of nutrition and of the metamorphosis of tissues, by which the work of calorification is effected in the human organism.

2. Alterations in the tension and velocity of the blood stream speedily manifest themselves in this regard.

Bernard has demonstrated that "certain parts of the nervous system preside over and regulate the general and local circulations," and the fact is universally admitted at the present day.

Though the heart possesses an inherent contractility, it is also liberally furnished with nerves, both from the cerebro-spinal and the ganglionic systems, which separately and conjointly exercise a potential influence over it.

The arteries are similarly supplied with nerves, as has been shown by the investigations of Bernard, Budge, Séquard, Schiff, and others, while Valentin has proven by experimental research, that the veins and larger lymphatic trunks are similarly endowed.

Even the power of contraction which resides in the capillaries is influenced by the condition of the ganglionic nerves distributed to them, as is evinced in actions which are essentially nervous, such as the flushing of the countenance from mental emotions, etc. etc.

3. Disturbances in the secerning organs are the ordinary concomitants of inflammation.

The influence of the nervous system on the secerning organs is indisputable. Bernard has learned to stimulate or repress them at will, by exciting particular parts of the nervous system. "Glands are not filters," says that distinguished physiologist, "but organs producing chemical substances, under the *influence of the nervous system*.

4. Certain phenomena, essentially nervous in their character, also present themselves in this connection, such as wakefulness, insomnia, pain, augmented sensibility to impressions, delirium, trembling, etc. etc.

As the normal phenomena alluded to under these various heads are known to occur under the superintending guidance and direction of the nervous system, it is but rational to consider all morbid actions in these connections as being influenced in their manifestations by aberrated nervous action.

Thus augmentations of temperature result from an increased activity of the causes which operate in the production of physiological or healthy calorification, and indicate some positive change—some decided disturbance—in the nervous system. As the essential nature of the febrile state has been recognized, since the days of Galen, to consist in a *calor præter naturam*, it follows that *fever*, which is the most universal and important of all the symptoms of inflammation, is in itself a phenomenon of perverted or disturbed nervous action.

In the same way it can be shown that all morbid changes, alluded to as occurring alike in the circulatory system, in the secerning organs, and in the nerves themselves, are similarly produced and possess the same pathological significance.

Whatever may be the nature of this *disturbance* in the nervous system, the effect of the hypodermic administration of morphia is to calm it. It seems to coerce the whole organism—centres, filaments, and all—into a state of profound quiescence. It establishes throughout the entire system one uniform standard or condition of vitality, to which every cell, tissue, organ, and function is compelled to conform, and through the instrumentality of which the morbid processes are suspended or paralyzed.

The development of heat is therefore restrained, the impetus to the circulation retarded, the abnormal nervous phenomena suspended, and a state of comparative health inaugurated in the system. These effects are permanent or transient, according to the recuperative power of the individual—to the ability of the affected system to take advantage of the opportunity thus furnished for recovery—to the inherent potency of the *vis medicatrix natura* itself.

Even if the amelioration be transient to the last degree, it is better than no improvement at all; and inasmuch as it interferes with no other rational mode of treatment, and produces no serious or permanent mischief, it is, to the full extent of the relief afforded, a blessing to the stricken sufferer.

The efficacy of emetics as therapeutic agents is generally recognized. Morphia, when used hypodermically, produces in a majority of instances nausea and vomiting. This symptom, although distressing to the patient and annoying to the practitioner, exercises a positive control over the progress of many inflammations.

It is plain, therefore, that this remedy, both by its direct physiological action, and its indirect pathological effect, is capable of producing a modification of those morbid processes in the economy which we denominate inflammation or fever, as the case may be.

The nausea thus developed, results from an abnormal condition of the circulation in the nerve-centres, and is similar to that which is produced by the motion of a vessel at sea, swinging, etc. It can be promptly relieved by any substance which produces a direct sedative action upon the stomach, the condition thus established being reflected to the nerve-centre and perpetuated there. Hydrocyanic acid, chloroform, or any preparation of opium may be employed for this purpose with advantage.

I have repeatedly cured *intermittents* of the most persistent character by injecting morphia subcutaneously a short period in advance of the expected paroxysm or after its development, and repeating the operation on the seventh day of several succeeding weeks. Morphia is much less irritating to the tissues than quinia, while its effects in this connection are not the less satisfactory.

In the exacerbation of *remittents*, when attended with violent retching, severe muscular pain, great restlessness, and even intense headache, I have often witnessed an almost instantaneous abatement of all the symptoms, together with the development of a copious perspiration after the introduction under the skin of a full dose of morphia.

In *typhoid fever*, when the patient is inordinately "nervous," restless, morbidly vigilant, tremulous, peculiarly sensitive to morbid impressions, etc., this remedy answers well.

You have doubtless attended cases of this disease, in which many of the symptoms of cerebritis presented themselves, when your judgments convinced you in advance, and your subsequent *post-mortem* examinations, demonstrated that the morbid lesion existed exclusively in the intestines. The delirium thus developed through the instrumentality of nervous reflex action, furnishes no argument against the use of opium, but rather an indication for its employment.

In a case of *intussusception*, occurring in the practice of my father, Dr. Wm. C. Warren, after stercoraceous vomiting had occurred, and innumerable remedies have been tried in vain, an injection of morphia under the skin afforded almost instant relief.

My experience with this remedy in many other affections has been equally satisfactory, but time will not permit me to go into further details, and I must hurry on to the other branch of my subject.

The hypodermic employment of morphia possesses equal curative properties in many affections which pertain exclusively to the domain of *surgery;* and I must ask your indulgence, while briefly recapitulating my experience in that regard.

In several cases of *strangulated inguinal tumor*, when ordinary remedies had failed to induce a sufficient relaxation to render a return of the intestine by taxis possible, I have promptly overcome the spasm, by injecting morphia immediately *over the point of* constriction. These results were due to the direct sedative or narcotic action of the drug, and to nothing else.

Last summer I was consulted by a young man who was suffering with *orchitis* in its primitive stage. There was already considerable swelling, together with great tenderness, pain, and redness of the part.

Half a grain of the sulphate of morphia in solution, was injected directly over the track of the cord as it passes from the inguinal canal, and the patient placed in his bed. On the succeeding morning, I found that he had slept profoundly during the entire night, and, that not a trace of the inflammation remained.

In the same way, and with equal success, I have treated traumatic *erysipelas*—which is frequently nothing more than an acute cutitis—a tendency to *gangrene* from excessive local inflammation, and *phlebitis* of a very decided character.

During the war, I was summoned hurriedly on one occasion, to a man who had received a deep *wound of the right lung*, from a bowie knife in the hands of a drunken companion. The usual symptoms of this accident presented themselves, and the patient was in a very critical condition. Turning him upon the opposite side, I injected a grain of morphia in solution under the skin, and, so soon as sleep was induced and the hæmorrhage restrained, closed the wound hermetically. There was no subsequent bleeding, the respiratory movements were sufficiently restrained, but little cough was developed, no inflammatory symptoms appeared, and under the repeated use of the remedy originally employed, the case rapidly progressed to a favorable conclusion.

Within a few days, I have attended a patient who was suffering with *spasmodic stricture*, which had been greatly increased by repeated attempts to introduce a catheter. His bladder was greatly distended and the pain was excessive. An injection of half a grain of morphia into the arm, immediately relaxed the spasm, and restored the young man to health.

I once promptly relieved a case of *spermatorrhœa*, produced by excessive irritability of the parts, by injecting nightly into the perineum half a grain of morphia. Under the influence of this remedy the patient was forced into a state of obliviousness, in which neither sensual thoughts nor lascivious dreams were possible, and which proved, while it lasted, as destructive to his animal passions, as it did to the erectile power of the penis. This mode of medication, combined with large doses of the bromide of potassium at the time, and the subsequent administration of quinia and strychnia, answers better than any plan of treatment with which I am acquainted.

Though I have never succeeded in curing a case of *tetanus* when fully developed with this remedy, I have frequently succeeded in preventing it; and have no hesitation in recommending as an admirable prophylactic, when large nerves are wounded, when a peculiar nervous susceptibility exists, or when patients are subjected to the influence and vicissitudes of temperature.

In *wounds of joints*, when the necessary amputation has been delayed or neglected, much of positive advantage follows the hypodermic employment of morphia, not only because of the anodyne properties pertaining to it, but on account of the positive control which it exerts over the inflammatory process.

In wounds of the *intestines* and the *peritoneum*, no other remedy fulfils so many varied and important indications. It restrains inflammation, subdues pain, *prevents peristaltic action*, induce general quiescence, and supplies, in fact the essential desideratum in such injuries.

From these instances of the curative action incident to this mode of medication, as well as from many others to which I might refer, if time and space permitted, it is plain, that for the relief of pain, the relaxation of spasm, the abatement of irritation, the induction of sleep, the control of the secerning organs, and the restraint of certain forms of inflammation in their primitive stage. this remedy deserves to stand *primus inter pares* in the estimation of an enlightened and progressive profession.

—— Unfit Food. The report of the medical officer of the city of London, just issued, shows that more than one hundred and fifty-two tons of meat were last year condemned as unfit for human food, nearly twice as much as the average proportion of the last five years. In addition to the meat, one thousand one hundred and twenty-six head of game and poultry and many tons of fish were condemned.

Communications.

TWO CASES OF CANCER OF THE LIVER.

By James B. Burnet, M. D.,

House Physician, Bellevue Hospital, New York City.

Case 1. Mary Black, 40 years of age, married, and the mother of two children, came into ward 26 of Bellevue Hospital about the first of April 1866. She gave the following history of herself: Her father died of a cold after a week's illness, and her mother died of heart disease. There is no known hereditary predisposition to disease in the family. With the exception of a miscarriage of a three months fœtus about five years ago, she always has been well up to the first of last December, at which time a pain appeared in the small of her back, and then in her right breast and shoulder. The Thursday after New Year, she took to her bed with pains in her hips, and in all her bones. She had fever at this time, and vomiting, and great thirst, but hardly any cough. If she drank any water, she was sure to vomit it. She was sick in bed at home until three weeks ago, when she was brought into the hospital. About ten weeks ago, she could not use her feet on account of numbness, which extended as high as her knees. She has vomited a great deal since she came into the ward. What she vomits is a sour material, of a greenish-yellow color. Now she has no pain anywhere, except when pressure is made over the epigastrium, which appears to be somewhat tender.

Present Condition. She is now very much emaciated, but formerly was an exceedingly fleshy woman. Sensibility of feet and limbs very slightly impaired, but are improving slowly as far as the numbness is concerned. There is a small, hard, nodulated mass in her right breast, which has been slowly growing for the last three years. Slight tenderness on pressure over it, but never had anything more than a trifling pain in it There is also, a large, hard, nodulated tumor in the epigastrium, extending from under the free border of the ribs on the right side, nearly over to the border of the ribs on the left, being evidently connected with the liver. In this tumor she had, a few weeks ago, some sharp lancinating pains, but these do not now trouble her. Her skin is rough and non-perspiring. Heart-sounds are healthy, but exceedingly feeble. Pulse is very weak. Much emaciation of the chest, and depression under both clavicles. Slight dulness on percussion on the right side, but nothing marked. Inspiration rather high-pitched on both sides; no rales are heard.

April 26*th.* No perceptible increase in the tumors. No œdema to be found. She seems to be rapidly sinking, and is daily growing weaker. As she has passed no urine since the previous day, the catheter is introduced, and a small quantity drawn, normal in color, and healthy under the microscope. Bowels are regular. The diagnosis was made of *carcinoma of the breast, liver, and probably pancreas.* The only treatment consisted in allaying any pain by opiates, and giving her the most nutritious diet and brandy, six ounces a day.

April 27*th*, 11 *A. M.* Very difficult to arouse her. She lies constantly in a half-doze. Pulse hardly perceptible. Respiration 52 in a minute.

April 27*th*, 2.30, *P. M.* Has just breathed her last.

April 29*th*, 9.30 *A. M. Post-Mortem Examination.* Lungs apparently were the seat of chronic pneumonia. Some portions at the bases looked as if they might be the seat of acute pneumonia. The liver presented a beautiful instance of cancer of this organ, with the distinct and well-defined cancerous masses scattered throughout the gland. The pancreas was also cancerous. Heart, spleen, and kidneys, healthy.

Brain not examined.

The tumor in the right breast also proved to be cancerous in its character.

Case 2. John Chusack is 51 years of age and married. By occupation he is a carpenter. He never drank a great deal. There seems to be something wrong about his stomach. His belly swells and pains him when he eats, and even water feels as if a sharp needle had run into him, as soon as it reaches his stomach. Broth and soup have the same effect upon him. His pain shoots to his back when he lies down, but this is seldom the case when he stands or sits up. Shortness of breath also troubles him. He never belches up wind, but throws up his food one half or three quarters of an hour after eating, but what he vomits is not sour or changed in character. Water is also thrown off his stomach. His bowels are quite regular. He has had a headache every second day for three months. He worked in Washington city at the corner of 17th and K Streets, and at night slept in the bunk-room, and there caught the chills and fever, which he had every day for three weeks. While in Ireland he had the typhus fever. He has had no rheumatism, and no other sickness. The troubles in his stomach have lasted for three months. Before these came on, he was very well.

Present Condition. His pulse is natural in frequency, volume, and regularity. The capillary

circulation of his hands is considerably impaired. His abdomen is supple and natural, and nothing unnatural is found until the space just below the ribs on the right side is reached, where a hard lump is found, painful on pressure, which has a little elasticity, and which seems to be about four inches transversely, and three and a half vertically. It is nodulated to the feel, and cannot be separated from the liver. This man sleeps better on his left than he does on his right side, and feels sharp pains just where the tumor is. He has lost about all his flesh, and is now nothing but skin and bones. He is of a dingy unhealthy color. Formerly he was a stout man, and weighed 182 pounds, but he does not weigh near that now. His hair also is falling out. He never expectorated any blood, but bleeds occasionally from the nose. He had gonorrhœa once when he was a young man, but never had a chancre. His urine, he says, is sometimes the color of bile. He is no longer able to pursue any business. His strength is gone. The *diagnosis* was made of *cancer of the liver*. The patient, however in a short time passed from under our notice, and of his subsequent history nothing is known.

Remarks. Although all varieties of cancer may occur in the liver, still the soft or medullary form is much the most frequent. The hepatic cells near the diseased tissue, are commonly found to have undergone fatty degeneration. The *symptoms* of the disease are often very obscure. Loss of flesh and strength, disordered digestive functions, and pain, are among the more prominent. In about one fifth of the cases, both jaundice and ascites may occur. The *duration* of the disease varies from six months to two years, although the latter limit is not often reached. An instance is recorded, where, from pressure of the cancerous mass upon the ductus communis choledochus, the gall-bladder was distended to the size of a fœtal head. This is much more often a secondary rather than a primary affection.

The *treatment* is merely palliative, and consists in administering a light, nutritious diet, one that is found to agree best with the patient's stomach, and in giving proper sedatives for the alleviation of pain.

—— Dr. Ira Russell, of Winchendon, Mass., a distinguished Surgeon through the war, and Brevet Lieutenant Colonel, has been appointed by the Commissioner of Pensions, Examining Surgeon for Pensions, and by Gov. Bullock, Examining Surgeon for State Aid.

BIOGRAPHICAL SKETCHES OF Distinguished Living New York Physicians.

By Samuel W. Francis, A. M., M. D.,

(Fellow of the New York Academy of Medicine.)

XIV.

William A. Hammond, M. D., etc.

"Patiently endure that frown of fortune, and by some notable exploit win again her favor."—*Knolles.*

"Whose deeds some nobler poem shall adorn."—*Dryden.*

The subject of the present sketch was born at Annapolis, Maryland, August 28th, 1828, and was the son of Dr. J. W. Hammond, who married Miss Sarah Pinkney, a niece of the celebrated William Pinkney, who possessed the rare qualifications of lawyer, ambassador, and senator. The family consisted of six, of whom Rev. J. Pinkney, Dr. William A., and W. Hobart Hammond, are now living.

William A. Hammond attended St. John's College, Annapolis, Maryland, and likewise owed not a little of his educational career to Philadelphia and Harrisburg, Pa. While at the latter place he studied under Dr. E. W. Roberts; and as he proceeded at once from the classical to the medical line of duty, his mind was neither unsettled by a business life, nor allowed to lose ground by an absence of reflection. Entering the office of Dr. Wm. H. Van Buren, he attended regularly the course of lectures at the University of New York, and was formally graduated M. D. in 1848. His Thesis was in some measure an indication of his future train of thought, being "Etiological and Therapeutical Influence of the Imagination." On receiving his diploma, he visited Saco, Maine, and practised there six months.

In 1849 Dr. Hammond entered the army as assistant surgeon, but resigned in 1860, having been appointed Professor of Anatomy and Physiology in the University of Maryland at Baltimore. On the rebellion taking a practical shape, and it being desirable that all those able to contribute their share should exert themselves, he entered the army again, May 28th, 1861, and in April, 1862, was appointed Surgeon of the United States Army, being chosen successor to the veteran soldier, Surgeon-General Finley, who combines the excellent attributes of Christian, gentleman, and physician.

This position of responsibility he held till August, 1864, when he was removed from office through the instrumentality of some who had become his enemies. This is not the place to revive what is past, nor is it the desire of the writer of this article to go into details. Where so many scoundrels escape punishment, it is not

surprising that occasionally an innocent man may be convicted. Granting even that there may have been errors of judgment in the early organization of an expense that leaped from some $20,000 per annum to nearly $1,000,000 per month, a man's character is not to be assailed on account of that. Ashes or light dirt may be blown away, but too many are apt to *wipe* them off; hence by this unnecessary force a permanent mark is made. Thus is it in life; little faults of character, often resulting from inexperience, become magnified into crimes by public reprimand, when a gentle criticism or sage advice would effect the same good, with no evil sequence.

Dr. Hammond married Miss Helen Nisbet, of Philadelphia, July 4th, 1849, by whom he had five children, three of whom are now living. He is a man of powerful frame and strongly marked countenance, indicative of a calm dignity spread over by generous characteristics. His height is 6 feet 2 inches, and weight 245 pounds.

On asking him if he would be a Doctor again, he replied with emphasis, "I hope to be a physician as long as I live. It is the profession of all others which affords the greatest fields for study."

His mind has been engrossed for many years in the pursuit of chemistry and philosophical deductions based on physiology. Dr. Hammond's work on "Sleep, its Causes, and How to Produce it with the Least Harm to one who is the Victim of Wakefulness," etc., met with a cordial reception from the medical fraternity, and gave evidence of intelligence that was not only well informed as to given results, but was capable of deducing practical ends of vital importance. So fully was he appreciated as to his knowledge of a disordered brain impaired by protracted insomnia, that he was invited by a wealthy citizen of New York to accompany a patient abroad, and his attentions were generously rewarded. It was peculiarly fitting for Dr. Hammond to undertake this duty, as his specialty for a long time had been "Diseases of the Mind and Nervous System." But he has not confined himself exclusively to this branch, for before many months, it is hoped, he will make public several theories and inventions not only remarkable for originality, but of great value to the profession. His education, studies, and experience have resulted in rendering him not only skilful as a surgeon, but successful as a practising physician.

Dr. Hammond's health has been very excellent. At one period he was troubled with functional disease of the heart, but has altogether recovered, and is enabled, by a systematic division of time, to accomplish much. This was eminently essential, as his best energies have been interested in a new and scientific apparatus which is destined, if successful, to lessen expense and increase gain.

In 1856 he visited London, where he learned much that was new. Subsequently sojourning in Paris, after a profitable stay, he journeyed to Heidelberg, Zurich, etc. This foreign experience proved so interesting to Dr. Hammond, that in 1865—6, he travelled extensively, visiting London, Paris, Rome, Florence, and neighboring places of resort, where the study of disease may be combined with beauty of scenery and a freedom from care which few Americans can appreciate while residing in their own country. In fact, acquaintance with the climatology of affections and the knowledge of the best locality for the alleviation of chronic disorders have in no slight degree contributed to benefit many who otherwise might have remained the same, as to pain and protracted suffering.

Dr. Hammond smokes, and decidedly approves of it in moderation. He attends the Episcopal Church, and though particular in requiring the proper respect due to a doctor of medicine, is always ready to accord what he may demand.

His works are as follows:

1. Physiological Memoirs.
2. Treatise on Hygiene.
3. Lectures on Venereal Diseases.
4. Wakefulness.
5. Insanity in its Medico-Legal Relations. Opinions relative to the Testamentary Capacity of the late James C. Johnston, of Chowan county, North Carolina. Published by Baker, Voorhis & Co., New York.
6. Many Memoirs on Physiological Subjects.
7. A novel of marked ability and versatile power, showing up a man's friends and his enemies.
8. Dr. Hammond also published an elaborate and exceedingly interesting pamphlet in his own defence while Surgeon-General of the United States Army.

—— The Hon. Ichabod Washburn, of Massachusetts, has purchased the Bigelow estate in Worcester, paying for it $26,000, and now proposes to erect thereon a Memorial Dispensary and Hospital for the benefit of the poor of that city, without regard to creed, nationality, or condition.

—— Prof. Bache. Prof. A. D. Bache, for the past fourteen years superintendent of the United States Coast Survey, died at Newport, Rhode Island, on the 18th of February of softening of the brain. Professor Bache was a man of eminent scientific attainment. He was born in this city July 19th, 1806, and was the great-grandson of Benjamin Franklin.

Hospital Reports.

Jefferson Medical College,
December, 1866.

Surgical Clinic of Prof. Gross.

Reported by Dr. Napheys.

Chronic Synovitis with Dropsy of the Shoulder-joint.

Lewis C., æt. 50; machinist. He has had pain and swelling of the right shoulder-joint for six months, at which time it received an injury. He cannot raise the arm; the affected joint is greatly enlarged, so as to be in striking contrast with the opposite. On taking hold of the elbow, and rotating the humerus on its axis, a grating noise is produced and a peculiar sensation experienced, as if the articulating surfaces were apart from each other. There is unusual latitude of motion in consequence of the capsular ligament participating in the morbid action; it is not certain whether it may not be destroyed, and whether there is not serious disease of the two articulating surfaces, especially the head of the humerus. There is a sense of elasticity and distinct fluctuation, indicating an accumulation of synovial fluid, caused by inflammation consequent either upon the accident to which the patient refers, or possibly upon suppression of the cutaneous perspiration, or rheumatism, or gout. He has had a great deal of rheumatism, but never in this joint. The part is not very painful, it does not prevent him from sleeping at night. It is not the seat of much unnatural heat. His appetite is good, tongue a little coated, bowels regular, urine passed in about the same quantity and color.

An exploring needle was introduced into the articulation, when a ropy fluid escaped, looking very much like neat's foot oil. In the natural condition, a sufficient amount of synovial fluid is poured out to lubricate the articulating surfaces. In inflammation, this synovial fluid is increased in quantity and altered in its properties, it is a little darker and more oily in its consistence and color than in health, when it is transparent, and, although possessed of highly unctuous properties, less oily than when the parts are in a state of inflammation. The fluid is frequently intermixed with flakes of lymph, and sometimes with pus when the inflammation has been very acute. The exploring needle moves about freely, showing the presence of a considerable cavity. A considerable amount of fluid has escaped and more will be likely to issue, which will afford the man much relief.

This affection is chronic synovitis, with dropsy of the joint, resulting from long continued irritation or inflammation. When the accumulation of fluid is great, it will interfere proportionately with the functions of the articulation, and spontaneous luxation of the joint may very readily occur from the pressure of the fluid and great distension of the capsular ligament.

The puncturing may be repeated every few days, and at the same time, measures should be adopted to diminish the secretions, and to alter the secernent surface. This will be attempted by the external use of iodide of potassium and the bichloride of mercury, ten grains of the former and one-tenth of a grain of the latter three times a day. As a local application, the ointment of the biniodide of mercury, one part to seven of prepared lard, will be used. This is the very best sorbefacient in the materia medica, but it must be employed with great caution, otherwise, the skin becomes irritated, and in this way, the object of the application is frustrated. The arm should not be permitted to hang down, nor should there be the slightest motion in the joint. At night he will take ten grains of Dover's powder and one-sixth of a grain of morphia, made into two pills, and every other morning a little infusion of senna and Rochelle salts.

Mammary Scirrhus in State of Ulceration.

Mrs. Mary D., æt. 45, never had any children. She was hurt sixteen years ago in the right breast. A little tumor formed there soon after the injury, which continued to increase in size, and at length, this summer an open sore formed. It does not usually bleed much, but last night a copious hæmorrhage came on, which has left her very weak to-day. There is a great deal of watery discharge which is very offensive. The axillary lymphatic ganglia are not enlarged.

The ulcer is quite large and excavated, as if the part had been scooped out. The edges are ragged, hard, red, very steep, and for the most part everted. The bottom is of a blackish slightly greenish appearance, from the deposit of aplastic matter. The discharge is extremely fetid and abundant.

The breast is firmly adherent to the pectoral aponeurosis and in all probability also to the fibres of the pectoral muscle. Yesterday there was, from the statement of the patient, for the first time, anything like a copious hæmorrhage. It is not often that scirrhus, when it takes on ulcerative action, bleeds. Now and then, however, an artery of considerable size is opened, and then the hæmorrhage may be very free and exhaustive, especially if it recurs, as sometimes happens, with considerable violence. The pain is so great as usually to prevent sleep at night. No appetite, tongue coated, and bowels constipated. There is no pain in the right arm, as there unquestionably would be, if there were enlargement of the axillary lymphatic ganglia, caused by their direct pressure upon the brachial plexus. The glands about the clavicle and the neck are not enlarged, as they occasionally are in the advanced stages of the disease. Neither is there any involvement of the skin except at the seat of the ulceration, that is to say, there are no secondary formations in the shape of tubercles of the size of a pea or filbert. Such secondary scirrhus growths sometimes occur during the progress of the disease, not only in the neighborhood of the affected part, but in parts more remote, as upon the opposite shoulder, the back, and even the inferior extremities.

This affection has impressed itself upon the constitution. It is supposed, as a general rule, that scirrhus of the mammary gland is a constitutional disease. However this may be, during

its progress, especially when ulceration takes place, the system becomes seriously involved in the morbid action, the blood is impoverished whether there is any hæmorrhage at the ulcer or not, the digestive organs fail, night sweats sooner or later set in, and the entire body becomes contaminated.

The woman is not in a condition for an operation, which might be performed, not with a view to ultimate cure, but to dispose temporarily of the morbid mass and the discharge and fetor accompanying it. The atmosphere she breathes must necessarily be contaminated, and the discharge is so copious, as to establish a serious drainage upon the part and system. An operation would make her comparatively comfortable for four, six, or eight weeks, perhaps for even a longer period.

As however, she is not in condition for operative procedure of any kind, efforts must be made to moderate the discharge and allay the fetor. The latter object may be affected by the frequent use of a very weak solution of permanganate of potassa, one-half to one-third of a grain to the ounce of water, which is the most powerful deodorizer of which we have at present any knowledge, and it has the additional advantage of not irritating the parts with which it is brought in contact. One of the best remedies that can be applied is opiate and lead cerate.

℞. Cerat. plumbi subacet., ℥j.
Pulveris opii, ℥j.

carefully incorporated, spread upon patent lint or charpie, and placed in contact with the bottom of the wound as well as the surrounding parts; over that a piece of patent lint with olive oil, and over all, some oiled silk. The sugar of lead is cooling and astringent, the opium will relieve pain. The part should be dressed not less than four times a day, and freely washed with tepid water impregnated with permanganate of potassa, by means of a sponge held at some little distance off from the affected surface, which should not be touched with the sponge. Any bleeding can be readily arrested by sub-sulphate of iron applied upon charpie in contact with the bottom of the sore.

As a tonic

℞. Quiniæ sulph., ℥ij.
Tr. ferri chloridi, f.℥j.
Acidi sulph. ar., f ℥j. M.

Sig. 25 drops every four hours, with a nourishing diet, and a tumbler of milk punch three or four times in the twenty-four hours. Her bowels may be moved by citrate of magnesia or an enema, but she must not be actively purged.

Incipient Cataract.

Francis H., æt. 47, barber. His sight has been failing for about three months, but within the last few weeks very materially. He is now unable to shave except by the sense of touch, to a great extent. The left eye is the better one. The pupils are dilated with atropia. There is marked opacity of the crystalline lens in the right eye, especially in the lower part of it, less in the other eye. He has incipient cataract.

It is frequently a good rule, not to operate upon the eyes when they are affected in this way, until the patient is so blind as to be unable to make his way about. But as it is very important to this man to have his sight, both eyes will be now operated upon by division. A fold of conjunctiva of the left eye was pinched up with a very delicate pair of forceps, so as to steady the eye. Penetration was affected, and the capsule of the lens lacerated and drawn forward. The operation was repeated upon the right. The eyelids were closed with isinglass plaster, placed in such a manner as not to interfere with the escape of mucus and tears, and a light bandage placed over them. The lighter the dressings the better. It is a great mistake to cover up the eyes very warm. The isinglass plaster and bandage keep the eyes at rest, preventing them from moving about. If inordinate inflammation should arise, blood will be taken from the arm without hesitation, as he is a stout robust man. He was ordered to take at once one half a grain of morphia to prevent undue reaction, rigors, excessive pain and irritability of the stomach. To morrow it will be well he should take a cooling laxative, as one ounce of sulphate of magnesia, or better, perhaps, because milder, an ounce of Rochelle salts. The diet must be l'ght, he should eat no meat at all, remain in a comfortable room, and keep his head and shoulders elevated.

Syphilitic Iritis.

Lewis L., æt. 21. His left eye has been sore for three weeks. A papulary eruption appeared at the same time that the eye became sore. The pupil of the left eye is very much diminished, and apparently completely immovable, the lids are in a state of inflammation and there is a good deal of scaly matter on the edges of the lids at the root of the cilia, evidently from participation of the Meibomian follicles in the disease. There is photophobia. The eye is most painful at night. There is no pain about the forehead or along the side of the head.

About a year ago he confesses to having had several chancres under the fore-skin. He has had no sore throat; his hair has not fallen out. There has been a bloodstained discharge from the nose. He takes cold very easily.

The patient has syphilitic iritis. The papular eruption seems to be very limited, and it is doubtful whether it be of syphilitic origin. It seems to be confined to the exposed part of the body none existing in the trunk. Syphilitic iritis is frequently associated with syphilitic papular eruption.

He was ordered six grains of iodide of sodium and one-tenth of a grain of bichloride of mercury, three times a day, and at bed time, two grains of calomel and one grain of opium. As the bichloride of mercury is very slow in its action, the calomel is ordered to save the eye, and will be continued until the gums are lightly touched. The attempt will be made to dilate the pupil by a strong solution of atropia, one grain to two fluid drachms. A few drops will be applied on the eye several times a day. If it should act as an irritant to the eye-ball it will be painted on the eye brow. His diet should be plain, simple and light.

Philadelphia Hospital,
January 9, 1867.

Surgical Clinic of Dr. Levis.

Reported by Dr. J. E. Mears, Resident Physician.

Pathological Specimen.

Complete Prolapse of the Vagina, Uterus, and portion of the Bladder.

Catharine McC——, æt. 20 years; native of Ireland; single; temperate; was admitted to the surgical wards of the hospital December 29th, 1866, in a very enfeebled condition, and with a tumor as large as a pine-apple, and of nearly the same shape, dependent from the vulva. On examination this tumor was found to be a prolapse of the uterus, with complete inversion of the vagina. At the lowest portion was the os uteri, spongy, inflamed, and bleeding. The introduction of Simpson's sound to determine the position and condition of the organ, provoked an additional flux of the blood, which indicated that the patient was at her menstrual period.

On introducing a catheter, the bladder was found resting on the anterior surface of the tumor, the catheter when introduced, directing upward toward the umbilicus. Exploration with the finger discovered the rectum in its proper position. The patient, on being questioned in regard to her condition, stated that in the month of March last, in lifting a heavy weight she felt "something give way." Soon after, she discovered that there was an extrusion of the parts to a slight extent. She continued to work in the capacity of domestic, suffering but little inconvenience from the accident. About two months since, the extrusion increased to the present size of the mass. At this time, she suffered much inconvenience and pain, but still continued her work, which she discontinued a few days before her entrance into the hospital. She stated most positively that she had never borne children, her statement being confirmed by examination. The treatment adopted consisted in supporting the tumor, enveloping it in cloths saturated with a solution of acetate of lead and opium, and administering anodynes, nutritious diet, and tonics.

One week following her admission an attack of peritonitis supervened, which terminated fatally.

Post-mortem examination eight hours after death, furnished marked and characteristic evidences of extensive peritoneal inflammation; the intestines were firmly bound together, and covered with plastic deposits; the omentum was fastened to the intestines, and was loaded with depositions of lymph; the anterior surface of the liver was coated with the same formation, and the organ itself was adherent to the diaphragm. A pint of sero-purulent fluid, containing flakes of lymph, was removed from the peritoneal cavity; the left kidney was one-third larger than the right; the ureters of each were much enlarged, being about twice the normal size. This condition was probably due to the compression exerted upon the bladder, just about their point of entrance, which compelled a distension of the vessels, by the accumulation of urine. In these specimens you observe the conditions mentioned above.

One of the interesting and instructive features of this case is the age of the patient, and the fact that she had never borne children. This lesion, as it is well known, occurs most commonly after middle age, in married females who have borne children, and who have suffered for a long time, under a relaxed condition of the genito-urinary apparatus.

Case of Palmar Abscess.

This case illustrates in an eminent degree, the ill effects resulting from neglect of proper treatment in the earlier stages of the affection. The patient received several weeks since a penetrating wound of the palmar surface of the right hand, in the thenar eminence; the wound healed imperfectly, an abscess forming beneath the palmar fascia. The pus failing to find a vent through the firm and dense facia of the palm, has dissected a passage beneath the annular ligament of the wrist, and working its way amidst the yielding connective tissue of the muscles, has formed a reservoir, and is endeavoring to escape through the less resisting tissues of the anterior surface of the fore-arm; the destructive process has been very great, resulting in the sloughing of one finger, and the involvement of the entire hand in a state of intense inflammation. This case furnishes an excellent exemplification of the law that governs the evacuation of the contents of abscesses; the universal tendency to reach the nearest surface, and to pass through the least resisting structure. In instances of abscesses of this portion of the hand it frequently occurs that the abscess points on the dorsal surface; rarely does it happen that the pus forms a spontaneous opening through the palmar fascia.

The only treatment to be adopted in these cases, is free and early incision, carrying the point of the bistoury down beneath the fascia. The danger attending this operation is hemorrhage, resulting from division of one of the palmar arches, or the digital branches. Any injury to these vessels can be avoided, by regarding their position and anatomical relations. The superficial palmar-arch occupies a position in the upper portion of the palm, above a line drawn from the middle of the line of bifurcation between the thumb and hand, directly across the palm; the deep arch lies above this, and deeper. To avoid cutting the digital branches, the incision should be made in the line of the meta-carpal bones.

In evacuating the contents of this abscess on the anterior surface of the arm, the incision is made in the median line, in order to avoid wounding the important vessels that lie on either side.

Case of Anal Fistula.

This is one of the most frequent lesions encountered by the surgeon, the operation for relief of which is one of the simplest in the catalogue of operations, and the result most gratifying to the sufferer. This condition always results from the formation of an abscess in the ischio-rectal fossa, its precise point of origin being just within the verge of the anus, in the sacculi formed in the folds of the mucous membrane, at its junction

with the common integument. In these pouches collect undigested substances, that pass through the alimentary tube, and often create irritation and ulceration, which eventuate in the development of abscesses; these forming in the subjacent cellular substances, gradually work through to the surface of the integument, discharge their contents, and form by the collapse of their walls a fistulous track, a communicating avenue between the interior of the bowel and the surface of the skin, by means of which mucus, gas, or fæcal matter may be discharged.

The internal orifice, the course, and external orifice, as a rule, are constant in their positions; the internal orifice being usually just within the verge of the anus, or a few lines above, whilst the external opening is seldom removed more than from one-half to one inch from the verge of the anus. Occasionally a variation from this rule occurs, as in the case presented to the clinic to-day. In exploring the fistulous canal, the probe passes its entire length. A digital examination of the rectum discovers the internal aperture, located some two inches above the verge of the anus. This condition is rare, and presents difficulties in the manner of operation that do not obtain in the cases ordinarily.

The operations devised for the relief of anal fistula, are by division of the tissue uniting the two openings over a grooved director, and the slower method of cutting through the part by means of the ligature. In cases, as they occur commonly, the employment of the knife is always to be preferred, any danger from hemorrhage being absent. When the internal orifice is situated high up within the bowel, there is great danger of wounding the hemorrhoidal vessels, and producing serious hemorrhage in the use of the knife; in such cases the ligature is more properly employed. An eyed-probe, armed with a strong, well-waxed silk ligature was introduced into the bowel through the fistulous canal, and withdrawn by way of the anus, leaving behind the ligature, which was firmly secured about the intervening tissue.

Medical Societies.

BALTIMORE MEDICAL ASSOCIATION.

Meeting November 20th, 1866.

Reported by J. W. P. Bates, M. D.

Typhus and Typho-Malarial Fever.—Infection *v.* Contagion.

Dr. Currey read an essay on the similarity existing between typhus fever and typho-malarial fever complicated with the scorbutic taint.

On motion of Dr. Williams, the regular subject for discussion was postponed, and the subject of the above essay taken up.

Dr. Williams. Dr. Currey, in his essay, says that typhus fever is not contagious. I would like to know if he limits contagion to direct contact. The terms contagion and infection are confused among medical men. All infectious diseases are communicated, according to the popular acceptation, by contagion. We all know that diseases like typhus are communicable. Dr. Winslow contracted this disease from three or four negroes he had attended, and he told a friend that he was going to have it because he tasted it. Did he take it by contagion or infection? Some Infirmary students took it from cases in that hospital. After the removal of cases from a ship to a hospital, nurses will take it. So far as my observation goes, this form of communication is never met with in typho-malarial fever. Some cases on the Falls road came under my notice. The first case was remittent, the second remittent and typho-malarial, the third remittent, and the fourth remittent and typho-malarial. I think we would be going too far to connect the two diseases. Typhus results from crowding; typho-malarial is never found unless malaria be present. I had the disease—no cerebral disorder, no petechiæ—only had fever and prostration.

Dr. Eastman. There is a proper line of demarcation between contagion and infection. Some diseases are infectious but not contagious, but in our intercourse with our patients we are compelled to use them as synonymous. No one would say that syphilis or itch was infectious.

Dr. Williams. Observing that distinction, would Dr. Currey make typhus fever contagious or infectious?

Dr. Currey. When virus is applied, or when communicated without the aid of the atmosphere, that is contagion. There is a certain poison which only requires something to start it and give it the form of disease, as in typhus fever, yellow fever, and, according to some, cholera. In regard to the similarity between typhus and typho-malarial fevers, Dr. Williams' cases were of the malarial type, without the scorbutic taint. In the latter the blood is completely broken down; likely to prove fatal at about the same period, viz., in the second week.

Dr. Arnold. The word contagion was first used in medical language; infection much later. Itch, small-pox, and syphilis impressed all that they were propagated by actual contact. Other diseases, however, were propagated, and the demonstration of their propagation by actual contact not being so clear, the term infection was adopted as a compromise, and only implies that diseases like cholera, yellow fever, typhus, etc., are communicated in some way. No chemical analysis has succeeded in telling us in what the poison of these diseases consists. I think the old term of continued fever ought still to be retained in medical literature, for if we do not hold fast to this idea, we are in danger of multiplying the names of diseases to an undue extent. Every locality will give a name to a disease. All continued fevers have this in common—continuance—and differ from inflammations and malarial fevers. They begin with considerable febrile excitement and a tendency to collapse. We long had a discussion about typhoid and typhus; now typho-malarial is added. Very difficult to distinguish it in the first week. Commenced like remittent, but will not yield to quinine. I have not met it complicated with scurvy.

Dr. Williams. We all expect the disease to

be communicated when the itch-insect is brought in contact with the skin, or the poison of syphilis is plated on a mucous surface. Some say scarlatina is not contagious because we are not able to isolate the contagious matter. Some Russian physicians say that the matter in the eruption of measles and scarlatina can be inoculated and produce the disease. Some may be communicated by inhaling the minute particles of cuticle. My experience seems to indicate that these diseases are more contagious during desquamation. Clothing may become impregnated with these minute particles and communicate the disease months afterward. In regard to the word "continued," it would be very useful and save us much embarrassment in our intercourse with our patients. Typhus and typhoid seem much alike and are treated in much the same way. They differ in pathology, pulse, delirium, expression of countenance, and eruption; none of these distinctive features in typho-malarial. The scorbutic eruption would have existed whether the typho-malarial fever had or not. There is a more marked chill, and you think you are going to have a case of remittent to treat. Extreme prostration, cerebral symptoms set in much later, no picking at the bed-clothes; delirium results from other causes than in typhus and typhoid. Typhoid results from vitiated atmosphere; typhus from bad air (prevails in winter); typho-malarial only when there is malaria, and occurs in spring and fall, and not in winter. The treatment is nourishing food, stimulants, quinia, etc., which is also the treatment of typhus. Typho-malarial is not very fatal, typhus very fatal, typhoid about midway between these two.

Midwifery Cases.

Dr. Williams related an obstetrical case which came under his notice, in which the feet had descended into the vagina, yet in a few hours spontaneous turning took place, and the head presented and delivery took place in that position without any interference on his part.

Dr. Fay related a case nearly similar, occurring in the practice of a friend.

Dr. Coskery related a case in which fibrous bands completely closed the vagina, and he had to rip them open with a bistoury before delivery could be accomplished.

Wound of Thigh.

Dr. Fay presented a specimen of bone removed from the right thigh of a man formerly in the army. That thigh was wounded about two years ago, and after a tedious confinement in the hospital, got well. Six or eight months ago it ulcerated and the man suffered intense pain for four or six weeks. An abscess formed, which was opened at the old cicatrix on the anterior part of the thigh. A short time since the abscess re-formed, and disregarding the pointing at the anterior aspect, I opened it posteriorly, and let out about three pints of fetid pus and removed this. You see it is a minie ball, which is almost completely flattened and nearly covered by new bone. It was firmly imbedded in the muscles, but not attached to the femur. So far as I know, there had heen no fracture of the femur.

Diphtheria.

Dr. Uhler related the following case of diphtheria: A child, aged twenty months, was taken sick with what appeared to be spasmodic croup, for which I gave ipecac. and it got better. The fourth day afterward it was carried out by the nurse, and took cold, the tonsils swelled and it had great difficulty of breathing. Gave antispasmodics, alum, and persulphate of iron, and applied a plaster of belladonna and camphor to the breast. All that could be seen was inflammation of the fauces; no fever, but much depression. I gave large doses of potass. bicarb., and small doses of ant. et potass. tart.—tried ice to relieve the spasm—used inhalations of limewater but with no effect. The cough was the regular croup cough. On Monday the child was in danger of suffocation, and I gave pounded ice. Called on Dr. Johnson and requested him to bring his instruments to open the trachea. Found the swelling of the tonsils completely reduced, breathing laborious, no exhudation, no fever, pulse small and frequent, respirations 40 or 50 per minute, surface of the body blue. We agreed that it was a case of diphtheria. Gave inhalations of pure oxygen, three gallons every two hours, also chlorate of quinia and chlorate of potassa, and also hyposulphite of soda. The oxygen would bring his pulse down and increase his color, so that he would not suffer for nearly an hour. He is now recovering—nearly well. I think he was snatched from the grave by the inhalations of oxygen. He was sick nearly three weeks.

Imperforate Anus.

Dr. Fay related the following case of congenital occlusion of the rectum. On Nov. 7th, I was called in consultation to see a child, three days old, which I found in the following condition. The child had not had any alvine evacuation. During the three days it had taken about six drachms of castor oil, and injections had also been ordered by the attending physician, which, the nurse said, seemed to pass out as fast as administered. The entire abdomen was immensely swelled and tympanitic. The impossibility of administering injections led me to suspect an obstruction at or near the anus, and inserting my finger, I found it opposed by an unyielding substance about an inch above the sphincter ani. Having dilated the parts by means of a bivalve ear speculum, I brought into view a firm white fibrous membrane stretched entirely across the rectum and completely occluding it. Being requested by the attending physician to operate, I first introduced a small silver probe, and finding that it seemed to pass freely into the gut beyond I inserted a sharp-pointed bistoury and made a crucial incision. This was immediately followed by meconium aud the escape of great quantities of gas, but the abdomen still remained considerably distended and tympanitic. This condition continued during the next day, although the child had several discharges from the bowels, and on the morning of Nov. 9th, it died with symptoms of peritoneal inflammation. At the time the membrane was opened only a few drops of blood escaped, no important parts were lacerated, nor did any inflammation supervene in that

locality. All the indications justify the conclusion that the child would have survived had the operation been performed before peritoneal inflammation had taken place.

Production of a Valuable Manure from the Air.

The highly important agricultural problem of the fixation of the nitrogen of the air in the form of ammonia, has been solved by MM. Marguerite and De Sourdeval. Their process is founded on the *cyanization of barium*, and the subsequent decomposition of the cyanide by steam. A mixture of carbonate of baryta, iron filings, refuse of coal tar, and sawdust, is first calcined through an earthen retort; through the porous mass thus obtained, a current of air is passed, the oxygen of which is converted into carbonic oxide, while its nitrogen is transformed in the presence of charcoal and barium into cyanogen, and produces considerable quantities of cyanide of barium. The calcined mixture is introduced into a strong iron cylinder, and a current of steam at a temperature less than 300° is passed through it. All the nitrogen in the cyanide is disengaged under the form of *ammonia*. It is impossible, observe the authors, to foresee all the results of this discovery. Among other things it suggests the production of nitric acid from the air by oxidizing ammonia.

Editorial Department.

Reviews and Book Notices.

The Functions and Disorders of the Reproductive Organs, in Childhood, Youth, Adult and Advanced Life; considered in their Physical, Social, and Moral Relations. By William Acton, M.R.C.S., Late Surgeon to the Islington Dispensary, etc. etc. Second American from the Fourth London Edition. Philadelphia: Lindsay & Blakiston. 1867. 8vo. pp. 291.

It is no small merit to have written a book upon this subject, which is full and clear, without being gross. Mr. Acton's tone is scientific throughout; and the influence of it must be favorable to sound morality. He brings together the facts of Comparative as well as Human Physiology, with those of clinical experience of diseases of the Reproduction System. The masculine economy is especially considered; incidental notice only being taken of feminine maladies.

Acton's work has so long been a standard one, that a review of it is unnecessary now. We may just observe that, for the reason implied in our last sentence, he expresses no opinion upon clitoridectomy, so closely associated now with the name of Baker Brown; he only mentions it in a note. *Cauterization* for spermatorrhoa meets with his approbation. His experience seems to have led him to place confidence in it as a curative measure in many cases.

As urged so well by Dr. Bartholow, there is reason to believe frequent nocturnal losses to depend chiefly upon a morbid reflex excitability of the spinal cord; a neurosis of debility. But Acton is probably also right, in so far following Lallemand as to recognize a peculiar irritability in the urethra, at its membranous portion. For this, the careful use of caustic is held to be an effectual and safe remedy. He uses an *injection* of two or three fluid drachms of solution of nitrate of silver, ten grains in the ounce. His instrument is a stout glass syringe, with a curved end for the urethra. Directions for its use are, in the book before us, (p. 243), very precise and full.

Lindsay & Blakiston have issued Mr. Acton's volume in a very creditable manner.

Guide for Using Medical Batteries: (being a Compendium from his Larger work on Medical Electricity and Nervous Diseases); showing the most Approved Apparatus, Methods and Rules for the Medical Employment of Electricity in the Treatment of Nervous Diseases. By Alfred C. Garratt, M.D., Fellow of the Massachusetts Medical Society, and Member of the American Medical Association. Philadelphia: Lindsay & Blakiston. 1867. 8vo., pp. 180.

If Dr. Garratt had never written anything but this volume upon Electricity, we should have a better opinion of him as an author, than after wading through the thousand pages of his other work. This has nearly all of practical value that the other contains; and even in its less than two hundred pages there are many unnecessary repetitions. A condensation of this into a hundred pages *duodecimo*, would be an important improvement on both works.

We must, however, putting all past prepossessions aside, give our author credit of having prepared, in this, a convenient, instructive, and useful book; one which may be recommended to those who wish to know the present state of electro-therapeutics, and the appliances thereof. First, it considers the philosophy of the subject, describing the elementary facts and accepted theoretical statements in regard to statistical and galvanic electricity, and their relations to magnetism; with the necessary forms of apparatus. The subject of instruments is concluded on page 88. Medical employment of electricity occupies most of the rest of the book. At its close, twenty practical *rules* are given, which, in small print, fill a dozen pages. These are followed by some anatomical diagrams, of regions of the body and limbs, and of the muscles. This book, also, is very well printed and bound, so as to do credit to its publishers.

Medical and Surgical Reporter.

S. W. BUTLER, M.D., *Editor and Proprietor.*

PHILADELPHIA, MARCH 2, 1867.

COTEMPORANEOUS BIOGRAPHY.

The series of very interesting and readable Biographical Sketches of Living Physicians and Surgeons of New York, by Dr. Samuel W. Francis, is, for the present, brought to a close in this number, and Dr. Francis vindicates himself from criticisms that have been made, not upon his facts, but upon his taste, simply.

We have not restricted Dr. Francis in anything in these sketches, further than that it has been necessary, in view of the urgent demand upon our columns to abridge two or three of the sketches a little, and we doubt not that from the same cause he has thought it best to discontinue them sooner than he otherwise might have done.

This matter of cotemporaneous biography, we wish our readers to understand, we are, and have for years been fully committed to, and shall never hesitate a moment about publishing a sketch of a living medical man, if, in our judgment, any good may be accomplished thereby. Some years ago we published a series of biographical sketches of living medical men, accompanied by steel engraved portraits. The same thing is now being done in England, the portraits being photographs. The matter has been criticised there as it has been here,—but it will go on there, as it will here.

We understand that Dr. Francis is about to issue these biographies in book form. We commend the enterprise to the notice of our readers, and assure them that they will find in the series much that is not only interesting, but instructive and useful.

AN INFERNAL CIRCULAR.

We have received, from a subscriber in Iowa, a "*confidential*" circular, which was sent to him through the post. This circular contains the most audacious and barefaced propositions, looking to the prevention of conception or the destruction of fœtal life, that have yet fallen under our notice. To begin with, the document has evidently had a most illiterate as well as foul origin, for it is put forth in most execrable English, while its propositions must have had their inspirations from none other than an infernal source. The utter recklessness of the health and life of woman, by exposing her to the operation proposed in this circular, as well as the purpose to prevent conception by so dangerous and wicked an operation, exhibit a depravity that should not only command the execration of every respectable member of our profession, but also, expose its author to legal process. If there is no law to reach such cases, *then our profession should see to it that the attention of our legislators is called to the subject.* Why should not the American Medical Association take the matter in hand earnestly, and appoint a committee that will suggest something to the State Societies that will reach the evil?

Our indignation has been so aroused by this abominable circular, that we have scarcely been able to command ourselves sufficiently to write upon it coherently. The profession of Michigan should smoke out this villian from their borders. Read the following extracts from the circular, and see if there is not ground for righteous indignation.

"Doctor: We take this method of handing you these enclosed remarks, and to call your attention, *confidentially*, to the same. Our way of doing business, (since this discovery,) has been in traveling and calling on the profession, personally, and giving them a certificate of agency, if desired. This being attended with large expenditures for traveling and hotel fare, we propose to give our agents the benefit of those expenses. We formerly sold to our agents for five dollars, each instrument with set of plates and copy of remarks, we will now send you the same for three dollars by express, *sealed*, payable on delivery. Our agents retail the same, with instructions they give from ten to twenty-five dollars. Our plates give full information relative to the genative organs of the female, which are to be sold or presented to each confidentially, through the aid of the practitioner—our agent—subject always to their judgment or dictation. They show the ovum appending in uterus by umbilical, coming from fallopian tubes, as discovered, which we claim, unfolds or spins out like silk from silkworm from the little dark colored speck we observe in ovum, when at the fiber extremity of fallopian tube, as it passes through into uterus by action of the same, leaving it cell-like or kidney form, and all the organs that lay in the pelvis. Fallopian tubes, as they come, in connection with ovaries, in blood-sucker form once in twenty-eight days, which causes the bursting of oversack and allows ovum to pass to the same. Also, application of instrument by the female's own hand, and how instrument comes in contact with ovum, causing it to be removed without irritation or disagreeable sensation or detriment to health, but an absolute benefit."

* * * * * * * * * * *

Directions for Using the Genitive Regulator.

Within a few hours after the cessation of the catamenial discharge, and while the os uteri is dilated, introduce the regulator and pass it carefully into the uterus and turn it a few times, in order to separate the embryo umbilical, as represented in the plates; after which it will pass off as foreign matter, leaving the person free from danger until the next period, when it should be repeated, which is done without risk or pain. The continued practice of the above, in many cases, will cure effectually the troublesome disease known as prolapsus. At the passing off of the ovum, at any time, the tendency of the uterus is to rise by the contraction of the broad ligaments. I would also recommend in severe cases of prolapsus an occasional injection of a weak solution of tincture of gum myrrh. Dr. Robert Newton.

This circular is signed "Dr. L. M. Hutchinson, Sturgis, Mich., General Agent for the United States and Canada."

In this connection, we call attention to the following vigorous remarks on the same subject, from that sterling paper and humbug-exposer that ought to be patronized by every physician, the *American Agriculturist*, published by Orange Judd, 41 Park Row, New York.

Dr. Thos. Andrews, *alias* E. Andrews, of Albany is scattering poison among the people, in the form of pamphlets and circulars, called "Good Samaritans," in which he offers murderous medicines, etc. Let everybody, married or unmarried, beware of trusting a word to his statements, as they value their health, their lives, and their souls. There are many others of this class.—In the same catalogue is a monster who assumes the names of a pretended firm of French ladies, and dates from a room in the "Bible House," N. Y. City. He sends a pamphlet about "Married Life," said to be "by a Married Woman." After a great deal of palaver, he comes to the gist of the matter, which is to advertise sundry villiarous articles of "French" origin. None but very foolish and insane people, will risk their lives, health, and money, by giving the slightest heed to this specious pretender. We are sad to know that thousands of women, and men too, are enduring terrible anguish of body and mind, and dragging out a miserable existence, while many other thousands have gone down to early graves, because they have been lured by the false statements of these very demons on earth, who, to put money in their own pockets, would sell sugar coated arsenic to infants and idiots. We have little, if any more charity for the *Heralds*, the *Timeses*, and other journals, which publish the advertisements of these Madame Restelles, and the like, who make a business of murdering the unborn innocents in hecatombs, and the fair daughters of our land almost by the million.

Notes and Comments.

"Wines, Liquors, and Segars."

We have heretofore taken occasion to animadvert on the practice of some of our apothecaries, who combine with their legitimate business that of dealing in articles as entirely out of the line of their proper duties as are those at the head of this item. Many apothecaries disgrace themselves, belittle their high and important calling, and sometimes risk the lives and comfort of their customers by engaging in branches of trade that are incompatible with their professions. Their proprietary medicines, segar and toilet show-cases, and wines and liquors "on the sly," form no inconsiderable part of their business, distracting their attention, of course, from the legitimate pursuit of their profession of druggists and apothecaries.

But if this is unbecoming the druggist and apothecary, what is to be said of the physician who pursues the same course. We know of physicians who are the tavern-keepers of their villages, the horse-jockeys of their neighborhoods, while others occupy even more questionable positions than these. We have before us a card, which reads as follows:

"—— ——, M. D.,
Physician and Druggist,
and dealer in
Wines, Liquors, and Segars."

Further comment would be superfluous.

The Maine State Hospital for the Insane.

At the instigation of one of its members, who had been a patient in the State Hospital for the Insane at Augusta, Me., a committee was recently appointed by the Legislature of that State, to investigate certain charges made by said member against the management of that institution. The examination was ordered to be thorough, as the charges included not only the acts of its efficient and able Superintendent, Dr. Harlow, but those of the subordinates, with the treatment and condition of the patients.

Dr. Harlow courts the fullest investigation, and we have no doubt that the result will establish no more than one thing against him, and that is the premature discharge from the hospita of the individual preferring the complaint. It is often the case that refractory patients who have had to be restrained in our hospitals for the insane, particularly if they have been the subjects of epileptic fits, complain, unjustly, after their discharge, of undue restraint and barbarous treatment, the consequence of their disordered imaginations.

The Homœopaths

are urging their claims to recognition on State and municipal boards whenever they can get an opportunity. In Michigan an appropriation of $100,000 in aid of the State University has passed one branch of the Legislature, on condition that the regents shall establish a professorship of homœopathy! Why one professorship? Why not a whole corps? Would not that "go down?"

In New York, they have spread their grievances before the Legislature, because the Metropolitan Board of Health is entirely under the influence of legitimate medicine. They wish to "cure cholera," without their cases being under the inspection of regular physicians.

In this city they threaten to "turn out" any of their number who consults with or in any way recognizes as a professional brother any of the *small* sinners of the "allopathic" or any other fraternity!

The Magazines.

The Riverside Magazine is the title of a beautiful monthly magazine for children, begun in January, by Hurd & Houghton, of New York. It is got up in fine style, with elegant illustrations. It proposes to satisfy "the varied taste of the younger public with wholesome and genial literature, illustrated by attractive designs." History, the lives of men and women, of beasts, birds, fishes, insects and plants, the manners and customs of different parts of our own country and of foreign lands, is a part of the entertainment promised; besides which, in-door and out-door life, stories, sports, games, music and verse will find a place.

We are glad that it promises to be "*Christian in principle.*" The authors of our literature for children incur a fearful responsibility, which some of them scarcely appreciate. We do not like to criticise unfavorably such well executed engravings as the frontispieces in the two numbers before us,—but they are unnatural. Let us keep the *real* as much as possible before the minds of children.

The *Riverside Magazine* has certainly made an auspicious beginning, and we anticipate for it a successful career. The subscription price is $2.50 per annum, in advance,—or, $2 with the Reporter, the remittance being made to us. Hurd & Houghton, 459 Broome street, New York.

But while introducing new friends to our readers, we cannot forget others, of whom we have had occasion to say many a good word. There is *Our Young Folks*, from the prolific press of Tichnor & Fields, of Boston, which has been so long before the public that it needs no introduction. We can simply say that it maintains its established reputation as a first class magazine for children. The price of the *Young Folks* is $2 per annum.

The same firm gives us *Every Saturday*, ($6 a year,) a hebdomadal, made up of selections from the magazine literature of Europe.

Of the same class is *Littell's Living Age*, also published in Boston, at $8 per annum, and which has been for many years one of our most substantial and popular magazines.

The *Atlantic Monthly*, another of Tichnor & Fields' publications, maintains its high standing as a first class original magazine, often containing articles by Agassiz, and other writers on natural history, of peculiar value to the medical man.

The *Hours at Home* is one of our best monthly magazines. Its articles are of permanent value, very few of them being of the evanescent kind of literature. The number for March contains an interesting article on the Paris Exposition of 1867.

There are other magazines on our table, a notice of which must be deferred.

Long Island College Hospital.

This medical college has attained a remarkable success. Organized on a sound basis, with a first-class faculty, and energetic, liberal management, it could not do otherwise than succeed. At the session for 1866 it had 109 Matriculants, and 49 Graduates. The 8th session began the 1st instant.

Temperance Chimes.

We have received from the National Temperance Society and Publication House, New York, J. N. Stearns, Agent, a neat collection of Temperance songs, under the above title, set to popular music, and very suitable for use in the family and temperance meetings. It is edited by W. B. Bradbury & J. N. Stearns. The price in paper covers is 30 cents for a single copy, $25 per hundred; in boards, 35 cents, and $30 per hundred.

Longevity in Providence, R. I.

One hundred and eighteen (118) persons died in Providence, Rhode Island, in 1866, 70 years old and upward, the oldest being 96, and the average 79 and a fraction. Few cities, we think, can show so favorable a result.

Correspondence.

DOMESTIC.

Cotemporaneous Biography.

As the author of the series of Biographical Sketches of distinguished Living Physicians and Surgeons, which has from time to time appeared in the columns of the Medical and Surgical Reporter, has been the subject of severe remarks from some of the members of the profession, who seemed to have experienced much satisfaction in launching out invectives against cotemporaneous biography, he feels called upon to make a brief statement of facts by way of justifiable explanation.

In the first place, the most cotemporaneous of all biographies is autobiography; and yet the lives of Haydon, Leigh Hunt, Benjamin Franklin, Romilly, General Scott, and numerous others, written in the middle voice, have met with a cordial reception and form the basis of delicious reading, for they are the result of per-

sonal observation; and, though some of them may have been posthumous, their very freshness is due to the force of the present tense. Secondly, why should the medical profession be the only one whose energetic and self-sacrificing labors are to be unrecorded till death closes the scene, and many adventures, disinterested efforts and latent theories, are either lost in oblivion, or so deformed by an enemy's prejudice, as not to be recognized by the friends of the deceased?

At the present moment, those who fought nobly during the "rebellion" are the texts for elaborate, interesting, and very properly laudable encomiums; and only a few weeks since, a large, illustrated, and elegantly printed volume, containing biographies of the living officers of Rhode Island, was published. What military man risks life so continuously as the physician, whose existence may be summed up as the essence of anxiety, exposure, and fatigue!

Again: biographies of living self-made men have but recently appeared; and I would ask what profession, with all its ramifications, requires as much of the self-made material of the brain, no matter what the advantages may be, as that of a doctor of medicine; three-fourths of whose conscientious treatment demands the experience of numberless diseases affecting different constitutions.

The cyclopædias are full of cotemporaneous biographies of men in every sphere of life, who have made their mark; and it is not saying too much to assert, that, even as all first class clergymen are good men, so the leading first class physicians are great men; for they deal with the mysteries of science, and are forced to discriminate more closely between the symptoms and the disease, than is the lawyer obliged to sift the true from the false.

Lives of the prominent living publishers of New York are now being printed, and contain much that will contribute to the history of American literature. If this be the case, why should not practitioners be honorably mentioned, when not a week passes but some new discovery is communicated free of charge to the profession at large, while those of the former class, depend for existence upon the thoughts of others? Sketches of some of our best living artists have recently appeared; and it should be so. But if they are praised who portray on canvass the outlines of æsthetic form, how much greater are the claims of those, who, through the agency of Divine Providence, rescue from deformity and keep alive for active deeds of lasting worth, the sage philosopher or devoted parent? In cautious England, the lives of distinguished living medical men, are now being issued in a neatly printed series; and when it is fully comprehended, that the medical fraternity of the United States have done more for their profession, in proportion to their existence as a nation, than any portion of the civilized world, most certainly does it seem expedient that some of their works should be permanently recorded, and that too, while they live.

Another great advantage to be derived from cotemporaneous biography, is the facility it affords the subject to correct any erroneous statement. If the aphorism that "dead men tell no tales" be correct, it is also true that "dead men cannot contradict," and no matter what the penalty may be, I would rather praise a living man than traduce a dead one. Good men entertain very little sympathy for the carion crows of literature.

Fault has been found with my mentioning the exact height and weight of each physician; yet a leading journal but recently published the height and weight of each living U. S. Senator, with the circumference of his head and the breadth of his chest, for the same reason that it was done in this case—to record the average—that coming generations might draw some inference as to the development of the human species.

The opinions of each physician as to the effect of tobacco, etc., have been ridiculed by those whose state realized millions annually from the sale of the Virginia weed, yet when the fact is appreciated, that 87 diseases are directly or indirectly caused by the use of tobacco, the subject itself and the opinion of every medical man, will necessarily be regarded as of lasting importance. By conversing with those around one, and obtaining direct information from the original source, a narrative has the advantage of recording what has been seen, not what has been heard.

Another very important fact, not generally understood by those who take cowardly refuge in anonymous attacks, is, that criticism forms one of the chief ingredients of cotemporaneous biography; and, that while critisizers have been finding fault with my extolling useful members of society, they, themselves, have unconsciously been writing a portion of biography, with but one difference, that of substituting concealed abuse for public praise.

These remarks would not have been made, had my style or the manner of treating the subjects been merely censured. But on different occasions, those gentlemen of the profession, who have kindly lent me their aid in furnishing important facts and dates, which no one but them-

selves could with accuracy have given, have been treated with contumely and held up to ridicule. Feeling in sincerity that I alone am responsible, I would invite all future remarks to be centred upon myself.

Lest a malicious slander, to the effect that I have been paid by the gentlemen whose lives I have written, for what has been termed advertising them in my "business directory," gain ground, I now once for all deny the charge in toto, and challenge the perpetrator of this libel to stand forth, giving his name and proving his statement. Happily for those desirous of doing kind works, this wholesale criticism, without regard to truth or refinement, is daily meeting with rebuke. Ere long the position of an editor or the privileges of the secreted reviewer, will be definitely fixed, and the community of letters be protected from the malice of ungenerous men of narrow minds.

S. W. Francis.

Newport, Feb. 19th, 1867.

Per centages on Prescriptions.

Editor Medical and Surgical Reporter:

In the Reporter of January 19th, I observed an article entitled "Per centages on Prescriptions," the article being taken from that good old friend and indefatigable teacher of the practical druggist—the "*Journal of Pharmacy.*"

It being the first time that I had ever seen the subject alluded to in a *proper* channel, I must say that I was somewhat astonished at the decided opinions you gave expression to, thus bringing before the eye of the medical profession an evil which cries to Heaven. If there is anything in the world that should be universally repudiated by honorable men, it is this most abominable practice of leaguing and colleaguing between physicians and apothecaries. To the afflicted poor it is a source of impoverishment; to the rich it is a dishonorable and unnecessary drain. I have known medical men—pretending to practice *honorable* medicine in this city,—who have sent patients squares out of their way, for the simplest medicines, merely that they might get their allotted per centum upon the articles prescribed, from the equally dishonorable apothecary, with whom they were in coalition.

When the time comes, in the life of a medical practitioner, that he cannot live by the honorable rules laid down in the ethics of his profession, he had better adopt some other employment congenial to the instincts of a dishonorable man.

In *legitimate* medicine there is honor and respectability. It is ancient, and it is honorable, and may "woe betide the man" who attempts to degrade it.

Medical men have their favorite druggists—which of itself is not objectionable. There are, perhaps, some apothecaries who prepare their prescriptions and packages more neatly than do others; and then there may be personal and friendly relations existing between the doctor and the apothecary, inducing the one to patronize and favor the other; but when the medical practitioner so far forgets the God-ordained dignity, honor and respectability belonging to his profession, as to link himself in with a druggist, for a "pecuniary consideration," to the robbery of his patients and the ignominy of himself, he should be discarded repudiated, and disowned by the *truly* legitimate profession to which he ostensibly belongs.

J. S.

Philadelphia, Feb. 1867.

An Obscure Disease.

Editor Medical and Surgical Reporter:

Among the many valuable communications from able contributors to the columns of your excellent journal I find reported cases in which more or less obscurity existed in the way of correct diagnosis; cases presenting novel characteristics in their symptomatology, as well as discussions in which a marked diversity of opinion is observable, respecting the pathology, with therapeutic indications involved, of some diseases well known to myself. I may not perhaps place an over-estimate upon the value of these reports and others of like character, to say that they form one of the essential features of medical journalism; the immense practical importance of which I have no doubt is apparent to all members of the profession alike, as through this extensive medium of communication we meet each other in one grand consultation, and from it a vast amount and great variety of new facts and information is elicited. And now, as a precedent is established, permit me to submit for consideration the following case from my note-book.

Jan. 27th, 1867, 3, P. M., was called to see a boy, æt. 13, attending boarding-school; spare habit, but no marked strumous diathesis, and no known hereditary disease. Learned from attendants the following history of the case: Has been complaining for the past three days of pain in right side, felt chilly, hovered about the fire, but kept about and at play with his schoolmates until last evening, when I am told "he felt bad," had pain in his head, chiefly frontal, hot skin, and at times some delirium. Attendant, who makes pretensions to medical knowledge, reads

"Gunn's Domestic Medicine," gave him a powder composed of camphor, ipecac., and liquorice root, proportions not known, given to family by a "noted doctor," and by him called a "fever powder," had given him four doses since last night, and says he "sweat profusely this morning," when the boy thought he "felt better," but just before I was called, attendant says "there was a change." I found him in active delirium, very restless, but not furious, answered questions at times rationally, essayed to get up, talked about his books, play, etc. Pulse 120, not hard or very quick, full but compressible. Skin naturally moist and a little above the normal temperature. Capillary circulation good everywhere. Tongue quite dry, no coating, but discolored by matter vomited during the day (vomited once a small quantity of bilious matter). No decided unusual heat about head, said his "head pained him some." Pupil natural, no intolerance of light or sound, no corrugation of eyebrows, no spasmodic phenomena. Had passed urine freely to-day, also had two copious evacuations of the bowels, fæces natural in color and consistence. Made extensive examination over the whole length of the spine, thorax, and abdomen, no evident tenderness. Examined lungs by percussion and auscultation, resonance good, and no rales. Respiration 35, but no dyspnœa. Countenance evinces no marked expression of pain or other pathognomonic feature. With the absence of nearly all the signs of cerebral or meningeal inflammation or congestion enumerated by our best authority, viz., flushed countenance, throbbing of carotids, corrugation of eyebrows, intolerance of light, and semi-contraction of pupils, etc., I excluded cerebritis and meningitis. With nothing abnormal exhibited in answer to a minute and searching physical exploration of all the vital organs, I excluded all organic disease, and therefore diagnosed remittent fever, basing the type upon the supposition that the attendant's "sweating profusely" marked a remission. Gave pulvis Doveri, gr. iv., hyd. chlor. mit., gr. ss., every four hours; quiniæ sulph., gr. j., every six hours.

Called again at 9 o'clock in the evening, and found him more quiet. Tongue *dry as a chip*, and pulse decidedly feeble, other symptoms same as when first visited. Continued treatment. Next morning learned that he gradually sank into a complete comatose condition and died about twelve o'clock in the night.

The points in the case to which I wish to call attention are the suddenness of the attack, the rapid prostration, and early death, without any apparent organic lesion, at least without a single appreciable well marked symptom of the same. Yet it was evident that some morbific element of a powerful depressing character existed locally or generally, or both.

Perhaps among the many readers of the Reporter, some, with a greater field for observation and a riper experience, may have witnessed similar cases, and can give a name to that which to me remains at present *morbi obscurum*.

J. T. Barnes, M, D.

Clifton Park Village, Saratoga co., N. Y., February 9, 1867.

Poisoning by Strychnia Treated by Chloroform.

Dr. Philip T. Heartt, of Waterford, N. Y., says in a business note:

"I noticed in the Reporter of January 12th, 1867, an article copied from the *Buffalo Medical and Surgical Journal*, in which Dr. S. T. Clark reports a case of poisoning by strychnia, from which the patient recovered under the use of chloroform. About eight years ago, a somewhat similar case came under my own observation, in which the patient, a very estimable person, in a fit of despondency, took, as was satisfactorily ascertained, full twelve grains of strychnia. As soon as possible, the patient was placed under the influence of chloroform, and kept in that condition, with only slight intervals of consciousness, from seven o'clock in the evening until eleven o'clock the next morning, a period of sixteen hours, after which the chloroform was withdrawn, as being no longer necessary. Morphia, in grain-doses, was given every two hours during the time. The exact amount of chloroform used in the case I do not recollect, although it was considerably over a pound."

News and Miscellany.

An Astonishing Case—The Bones of an Animal Extracted from a Boy's Leg.

The following curious item we cut from a Canada paper, premising that it is undoubtedly much more "astonishing" than true. *If* there is such a person as Dr. Hamilton, and *if* he had such a case, we hope he will communicate it to the profession through our columns. If it has any foundation whatever, it is probably a case of hysterics, and if Dr. Hamilton is sharp he will expose the trick.—Ed. Med. and Surg. Reporter.

A most remarkable case recently came under the observation of Dr. Hamilton, R.A., of Hamilton City, which is calculated to excite a high degree of interest in scientific quarters. Some weeks since the advice of Dr. Hamilton was procured in the case of a young lad who was suffering intense pain from a severe inflammation of one leg, below the knee joint. The patient had long been afflicted with a swelling in the locality,

which, however, had not until recently caused him particular pain or inconvenience. He had previously been treated by another physician for rheumatism, but Dr. H., on examination, immediately pronounced such treatment improper, and stated that pieces of bone were working out in the swelling, which would have to be extracted, believing at the time that the bones of the patient's leg had been affected. After the application of poultices, the swelling finally suppurated, when a large quantity of small bones made their appearance, and have since been almost daily extracted. These bones are perfectly formed and complete, and belonged to a creature of some unknown species, about the size of a full grown red squirrel. The ribs are fully two inches in length, and bones of the legs about the same. Among the remains are two curved prongs, or feelers, terminating in a sharp point, which were evidently attached to the head of the strange animal. The remains will doubtless be secured complete, but as yet those versed in natural history have been unable to form any opinion as to the species of the creature, or to surmise how it had been introduced and lived in the muscles of the patient's leg. Little pain had been experienced from the presence of the animal, until its death was occasioned from some cause, when the working of the patient's system to discharge the foreign matter was attended with the most intense pain, and what the result may yet be, is not certain, although the lad continues in good health otherwise. It is the design of Dr. Hamilton to send the bones, with particular observations of the case, to the celebrated anatomist, Dr. Owen, of London, England. Those who would feel interested in investigating for themselves the facts of this astonishing case, can do so by calling upon Dr. Hamilton. —*Hamilton Times.*

The Detention of Passengers Under Quarantine at New York.

At the meeting of the Metropolitan Health Board last week, Dr. Swinburne offered the following:

Whereas, All experience in the administration of quarantine teaches that no quarantine system can afford adequate and proper protection to the public health, which does not require and secure the detention of passengers who have been exposed to contagious or infectious diseases, but are not actually sick, at some isolated point remote from the causes of infection to which they have been exposed during a voyage, until, by proper lapse of time they are shown to be free from disease. And,

Whereas, The experience of the past year has demonstrated that during the season of much sickness, the objects of such detention cannot be fully attained by the use of hulks and vessels, and that their use for such a purpose is necessarily attended with great expense to the State, as well as to the owners and consignees of vessels, and is often productive of an actual increase of disease. And,

Whereas, The opinion extensively prevails that the return of another warm season will bring with it a fearful epidemic of cholera, which appeared in our midst during the last Summer, and the State is destitute of any suitable site on land where passengers who have been exposed to the disease may be lawfully detained; therefore,

Resolved, That in the judgment of the Board, provision should immediately be made by law for securing a suitable location on land for the detention of passengers under quarantine, who are not actually sick, but have been exposed to contagious or infectious diseases; and that full and unrestricted authority ought to be vested in the Commissioners of Quarantine, or some other suitable officers, to obtain a site for that purpose by an exercise of the power of eminent domain, if it cannot be acquired by purchase.

The resolution was adopted, and copies signed by the President of the Board were ordered to be sent to members of the Legislature.

—— St. Joseph's Hospital. This hospital, which was established in this city in 1849, treated 4281 patients up to the close of 1866, of whom 1773 were free patients. The expenditures of the past year were $5,890.79 in excess of the receipts. The late Mason Hutchins, of this city, has bequeathed his entire estate, valued at $100,000, to this hospital, which will have the effect of adding materially to its means of usefulness.

MARRIED.

Abbott—Olden.—At Princeton, N. J., Feb. 13th, by Rev. James McDonald, D. D., Dr. Charles C. Abbott, of Trenton, and Julia B., daughter of Job J. Olden, of the former place.

Bidwell—Osborn.—In New York, Feb. 20, by the Rev. Thomas G. Osborn, Wm. Lamont Bidwell, of Windsor, Conn., and Delia H. Osborn, daughter of Dr. Thomas Osborn, deceased, of Riverhead, L. I.

Bronson—Brown.—In Wheaton, Du Page county, Ill., Feb. 14th, by the Rev. S. F. Milliken, Gen. Stephen Bronson and Miss Kate M. Brown, daughter of H. B. Brown, M.D.

Ferguson—Bohn.—In Camden, Ohio, Feb. 14, at the residence of the bride's father, by the Rev. James Welsh, Dr. J. S. Ferguson and Sallie J. Bohn.

Kemp—Woolley.—In Westmoreland, N. H., Feb. 13th, by Rev. S. Bixby, Edwin A. Kemp, M. D., of Enfield, Mass., and Miss Esther M. Woolley, of W.

Knapp—Coggeshall.—In Chicago, Ill., at the residence of the bride's father, 37 Centre Avenue, by Rev. E. J. Goodspeed, Cyrus F. Knapp, M. D., and Miss Emily E. Coggeshall, all of Chicago.

Meert—Van Buren.—In New York, Feb. 20, at St. Stephen's Church, by the Most Rev. John McCloskey, Archbishop of New York, Charles Frederick Meert and Adelaide Mott, eldest daughter of Dr. Wm. H. Van Buren, of that city.

Reynolds—Hulton.—In Hulton, Allegheny co., Pa., Feb. 21st, by Rev. Dr. Preston, Dr. B. F. Reynolds and Miss Alice Hulton.

Steck—Wood.—In Muncy, Pa., Feb. 13th, by the Rev. William Life, Dr. M. Steck, of Santa Fe, New Mexico, and Lizzie G., daughter of Thomas Wood, Esq., of Muncy.

DIED.

Avery.—In Cincinnati, O., February 15th, Charles L. Avery, M. D.

Harris.—In Pittsburg, Feb. 20, William Worthington, infant son of Dr. L. H. and Fannie E. C. M Harris.

Kellogg.—Suddenly, at Montevideo, Uruguay, South America, Surgeon S. Wilson Kellogg, United States Navy, Fleet Surgeon of the South Atlantic Squadron, in the 57th year of his age.

Perkins.—In St. Louis, Feb. 6th, aged 25, Roger E. Perkins, M. D., formerly a resident of Cincinnati.

Sanborn.—At his residence, Leipsic, Kent co., Md., Jan. 8th, of apoplexy, Dr. A. H. Sanborn, aged about 45 years.

METEOROLOGY.

February,	11,	12,	13.	14,	15,	16,	17.
Wind	N. W.	S. W.	S. W.	S. W.	N. E.	E.	S. W.
Weather	Clear.	Clear.	Clear. Sh'wr.	Cl'dy. Rain.	Cl'dy.	Cl'dy. Rain.	Clear.
Depth Rain				2·10		7·10	
Thermometer.							
Minimum	13°	23°	27°	35°	40°	35°	35°
At 8 A. M.	18	36	40	48	42	36	41
At 12 M.	27	40	49	52	41	43	51
At 3 P. M.	32	41	50	53	42	44	52
Mean	22.50	35.	41.50	47.	41.25	39.50	44.75
Barometer.							
At 12 M.	31.1	30.7	30.5	30.3	30.5	30.1	30.1

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Philadelphia Summer School of Medicine,

No. 920 Chestnut Street, Philadelphia.

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THE

MEDICAL AND SURGICAL REPORTER.

No. 523.] PHILADELPHIA, MARCH 9, 1867. [Vol. XVI.—No. 10.

Original Department.

Communications.

CASES OF DISLOCATED LENS.

By W. T. Taliaferro, M. D.,
Of Cincinnati, Ohio.

A dislocated lens is of rare occurrence, and the history of cases may interest some of the numerous readers of the Medical and Surgical Reporter.

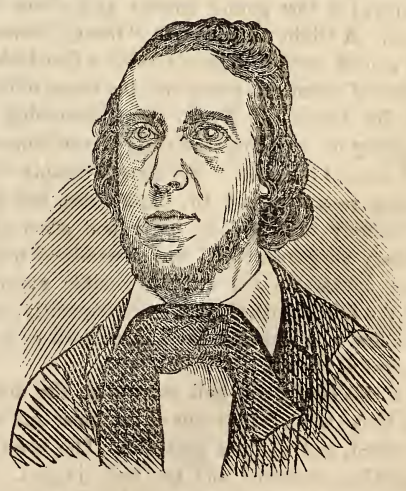
1. W. Garrison, a farmer, "fell head foremost to the earth from the top-rail of his high staked and rider worm fence," and dislocated the lens of his left eye. Five years subsequenty he visited me and desired its removal. He was a stout man and enjoying perfect health, except that he was blind of an eye. The lens was nearly white and filled the anterior chamber, and could only distinguish light. On the 8th of October, 1844, I made the usual section of the cornea with the superior cataract knife made by Charrière. Lens removed by forceps. I was assisted by my partner, the late N. T. Marshall, M. D.; present, Drs. L. M. Lawson and D. P. Strader, associates in my "Hotel for Invalids."

Garrison is now living and enjoying excellent health, twenty-two years since the operation, and can see with a cataract-glass of six-inch focus as well as with the other eye. I examined the eye October 1866.

2. J. Gregg, aged 19 years, was walking the street, on his way to a place celebrating the 4th of July, and was struck in the eye with a piece of percussion cap fired from a pistol. The cap entered the outer edge of the cornea, and became entangled in the nasal portion of the iris, easy to be seen. He called at my office in less than ten minutes, and after an examination, I informed him it could be removed in a minute, but he positively refused an operation, and returned to his father's residence twelve squares distant from the office. The following day the parent requested my attendance, when on visiting him I discovered the anterior chamber filled with blood, and the cap not to be seen. I advised an active aperient, recumbent position, and wet cold pledgets of soft linen constantly applied to the lids. I believed the eye hopelessly lost to all useful vision. On the seventh day, the eye was very red and inflammation intense, with continued pain until the twenty-first day after the accident. The persistent torture and emaciation brought him to the conclusion to "have his eye removed."

In the presence of a number of medical gentlemen and students, I made a section in the cornea in the usual manner of operating for extracting cataract; the contents of the anterior chamber flowed freely, of a deep-yellow serous consistence. Recollecting the location where I first saw the cap, I introduced a very delicate pair of forceps and caught the piece of cap, which with the iris was drawn down. A portion of the iris was snipped off and removed with the cap, the lids closed, the eye bandaged, and the patient placed in bed as soon as he recovered from the effects of chloroform. *He never had any pain after the operation.* I was assisted by G. Roberts, M. D.; present, Drs. L. M. Lawson, Chenoworth, McNeely, Thompson, and Lewis.

The patient recovered. The eye filled most beautifully. The fifth day, on removing the bandage, etc., to examine the eye, he exclaimed a few moments subsequently, "Doctor, I can see out of the eye."



It is now seven years since the operation. The inferior and inner third transversely, is filled

with an opacity. The upper and outer two-thirds remaining perfectly transparent. He can read and write by the aid of a lens of three-inch focus, and with a six-inch focus lens he can see as far as with his perfect eye. He will not wear a cataract glass, and is following his occupation as a carriage maker in this city.

3. I was visited by a young lady in the 37th year of her age, who was blind in the right eye. When ten years of age, while playing and running, she fell on her forehead with full force and dislocated the lens. October, 1865, I placed her under the full effects of chloroform, and operated on the eye, assisted by my partner, James H. Buckner, M. D. I made a linear section from the outer to the inner canthus of the cornea, and immediately removed a very hard bone-like lens. The pupil was largely dilated. After the removal of the lens not an unfavorable symptom occurred.

Miss C. was enabled to return home on the twentieth day after the operation. The lens had remained in the anterior chamber twenty-six years, and previous to the operation she could barely distinguish light. The pupil is perfect and responds to light and shade instantly.

Miss C. writes to me, "I can see letters half an inch with the aid of a lens of three-inch focus.

MISTAKES IN SURGICAL DIAGNOSIS.

By Silas Kennedy, M. D.,

Of Clayton, Delaware.

One Friday, while Petersburg was being shelled, I walked into the infirmary of Gen. Mat. Ransom's brigade with the hope of meeting unemployed a few genial friends and clever surgeons. A slight skirmish in "front," however, had placed on the surgeon's table a fine looking soldier of seventeen years, and Dr. Ladd, of S. C., and Dr. Lucky, of N. C., were discussing the propriety of resecting the shaft of the humerus as I entered the room. My own favorable views toward resections and Dr. Ladd's also, had been so severely criticised by other and often abler military surgeons, that I was determined to give these operations the closest possible attention and the fairest sort of trial. Consequently, there were few who watched these cases with so much interest as myself.

In this case a rifle-ball entered on the deltoid and broke the left humerus at its upper and middle third, and did not pass out. The bone was somewhat shattered and the ends jagged. Resection was determined upon—Dr. Ladd operating—and an incision was made on the inner and back part of the arm, and the ends of the bone removed, in all not more than three-fourths of an inch. The wound was closed, and an hour later, when I returned to my infirmary at the "New Market," the patient was able to be sent to Fair Ground Hospital, distant about a mile. A few days later, I visited Dr. Ladd for the purpose of going with him to see our patient, when he informed me that he had been to the hospital the previous morning, but found our patient with his wounded arm off! The surgeon who amputated was not in when my friend called, and he could give no substantial reason for the removal of the limb.

I determined to prosecute this matter thoroughly, however unpleasant it might be. Dr. Ladd and myself proceeded to the hospital and found the surgeon in charge of the ward containing our patient. He was quite indignant at having his professional ability questioned, for he had held some honorable posts in civil professional life, and stood at the head of his brethren in the hospitals, but he stated distinctly that amputation was necessary in this case, because of *crushed bone and spiculæ, which had so lacerated the flesh that repair was impossible.* We then stated that we had examined the wound carefully before the patient left the field infirmary and were unable to find any pieces of bone whatever.

The ward surgeon then called up his three assistant surgeons, and all of them stated positively that they felt numerous spiculæ of bone in the wounded arm, and determined on the operation from that fact. The surgeon in charge stated that he was present while the examination was going on—did not examine for himself—but from the statement of those who were examining the wound, and from the threatening of violent inflammation in the future, he consented to the operation.

Certainly, doctors never differed more widely than in this case, and so far as the hospital doctors were concerned, Dr. Ladd and myself stood convicted of gross carelessness.

Up to this time, not one of them knew that the arm had been resected! and when we told them so, they denied it, and said this was another case. Could we be mistaken in our patient?

I re-entered the ward, inquired his name, company, regiment, when wounded, what infirmary removed to, the surgeons that saw him. He remembered me, and Dr. Ladd he knew very well. I was convinced of the identity of our patient.

Our next move was to secure the lost arm. We went to my quarters, got an orderly and spade, then set out for the graveyard. We soon found

the digger and inquired, "How many arms and legs were buried here day before yesterday?" "Two legs and one arm," was the reply. "Where did you bury them?" I asked. He answered, "Just there next to the fence," and showed us the place the legs were in, and a separate spot where the arm was. The orderly exhumed it, and it was the counterpart of the arm on the patient, and besides, there was the wound made by the operating-knife still closed by three sutures. The arm was sent to my quarters, and Dr. Ladd and myself went to the hospital again, and told the surgeons what we had done, but they could not be persuaded to come and examine the arm. The surgeon who amputated said that we could not *prove* it to be the arm in question. Then the clinching reply—"If this is not the arm of the patient I sent here, then it is a resected arm from some other man, and two outrages, instead of one, have been committed,"—. was made by Dr. Ladd as we retired.

The arm was now carefully opened, and a few small *crumbs* of bone was all that could be found. The hospital doctors had felt these through the bullet hole, and their fingers had magnified them into *spiculæ*, on which was determined the amputation. The condition of the flesh was very good, and we saw no reason for the opinion, that had the arm remained on, the ensuing inflammation would have been destructive to life or limb.

I reported this case to the Surgeon-General and the four hospital doctors were given to each of the four winds. They may afterward have been individually as careless, but the combination was spoiled for future injury in that hospital.

In resections the surgeon should save with the greatest care the pieces of bone as he removes them, and when he has completed the operation, place them accurately together with his hands, and then compare them in his mind with the bone before injury, and if there seems to be a deficiency, search well in the surrounding tissues of the wound, especially if there is no "exit wound" made by the missile, as frequently pieces of bone are driven two or three inches through the flesh. I had taken this precautiom in the above case, and was therefore certain that no "spiculæ of bone" could be found.

[To be continued.]

—— It is proposed to start a Medical Department of Cornell University, to be located in the city of New York.

PHYSIOLOGICAL AND PATHOLOGICAL RELATIONS OF THE TRUNKAL MUSCLES, WITH THE THERAPEUTIC INDICATIONS INVOLVED.

By E. P. Banning, M. D.,

Of New York.

(Continued from page 146.)

Definite Effects Upon the Primæ-viæ and Thoracic Organs.

Cases of great physical strength after delivery, excepted, we ordinarily find the woman with a short respiration, and a feeble voice, complaining of a "brokenness of back," and a sensation of "emptiness" or "hollowness," sinking and weakness at the stomach. When turned fully, her bowels "sway" and roll from side to side. She is often unable to "get a full breath, without holding her bowels up with her hand." If her constitutional powers are below par, on inclining the body but momentarily, she faints or gasps for breath, but recovers on depressing the shoulders. This of course, is purely from actual traction, and want of normal support to the diaphragm, the patient always referring to the epigastrium as the weak point. This evidently is not from a low state generally, but from an anti-physiological anarchy, in the proper domain of *trunkal unity*.

This sheds light upon the fact, that pregnancy invariably improves the respiration, vocal powers, and general health of phthisical women, be they ever so far advanced in that fatal disease; and also, on that other fact, that immediately after delivery, those same women ordinarily succumb, or commence to sink, hopelessly, at an accelerated pace. Indeed, so wonderful has been the improvement many times, as to revive great hopes of recovery; but on delivery, the delusion vanishes, simply because that which compelled the brief improvement, has been withdrawn, and she sinks, *because she cannot breathe;* and she *cannot breathe*, because her *respiratory fulcrum has collapsed.*

For instance, previous to pregnancy, phthisical women ever exhibit narrowness and retraction of the hypochondria and epigastrium, and experience "sinking, emptiness, and dragging," at that point, on erecting the body; also, an accompanying sense of tightness in the mediastinum with short and unsatisfactory inspirations. But, as gestation advances, the chest becomes shortened and expanded, the mediastinum is untensed, and the diaphragm (the chief inspirator,) is concavo-convexed and tensed, so as to be quickened to deeper contractions, corresponding in the interest of all that is comprehended in *complete* inspira-

tions. But, delivery, and the exhaustive effects of labor, much more than restores the unsupported condition in which a helpful pregnancy found her. But more on this point when we come to consider the relations of the trunkal muscles to the cardiac and pulmonary fnnctions.

Effect Upon the Abdominal Cavity.

With the strong woman, and under ordinary circumstances, the early effects of delivery, so long as she is thoroughly recumbent, are not worthy of any remark; but when sitting or standing, her sensations are those of "vacuity," "caving in," and of "pulling upon the stomach," which cause her, incontinently, to place her hands in a supporting position at the hypogastrium, and to droop her form in consequence of visceral dragging from ligamentous insertions, on the one hand, and of pressure upon the hypogastrium, on the other. As to the *sensations* from a rolling of the bowels on turning in bed, some patients are greatly depressed and agitated by them, and expend their little strength in endeavoring to hold them, saying, "I shall never come together again!" Touching the *functional* effect upon abdominal organs, it is various. In strong and well-doing patients, the sense of emptiness and need of support, arouses an ungovernable appetite for light and voluminous food, which they devour, because of the mechanical support derived from its presence in the collapsed abdomen. In one instance, we were personally cognizant of the fact. The woman ate almost continually of such food, and on awaking in the night, would call for food, saying, "it stuffs me out, fills up the emptiness, and helps me to talk." But in the case of weak and nervous patients, this want of reciprocal support among the viscera is so depressing, as to produce a loathing of food, and also, inability to digest it (see Reporter of July 14th, and 28th, and Aug. 12, 1866.) This is a common and uncontrolable phase in the premises, and unless the upward support is supplied, by which the normal, muscular, visceral, and nervous status is restored, several months may intervene before the patient is able to sit up with advantage, although her physician is unable to discover, why it is that she is detained in bed, in spite of alteratives, nervines, tonics, and stimulants. And more, the misfortune is, that such cases ultimately *force* themselves about without restoring the normal status. They carry the evidences of it in their drooped forms, retracted epigastriums, tumid hypogastriums, and a more or less complete panoply of spinal, uterine, digestive, and nervous derangements, which are not the legitimate sequence of gestation, child-bearing, or nursing.

Effect Upon the Inter-Pelvic Economy.

The stress which parturition has imposed upon the uterus, vagina, perineum and vulva, has been enormous; the expansion and exhaustion is great, and the necessity that these parts should all have time for contraction and reparation, before being again brought into requisition, must be paramount, reasoning *a-priori*, and, so long as the patient is fully recumbent, this prerequisite would seem to be fully supplied; but, should she sit up or stand, even momentarily, then for the time being, these jaded parts are under even more visceral burthen, than when at their greatest strength, inasmuch, as the abdominal viscera now fall with an unbroken force upon the pelvic parts; whereas, in a normal state, (as shown in other papers) the trunkal muscles allow but a tithe of the visceral weight to press upon that region.

Is it not evident, then, that the tendency, (if not the necessity), of the vertical position, in the premises, is, to cause the viscera to press too forcibly upon the uterus, and then to induce uterine prolapsus? And, if this is not *consummated*, it is likely to produce an *impression* at this susceptible condition of the parts, in the interest of permanent uterine weakness at a future period. On this point, in our early practice, we have frequently been greatly perplexed to understand, why patients who had an excellent labor, and who made rapid progress in seemingly recovering perfect health, should suddenly be obliged to take to their beds for weeks, and even years, or to drag about, under manifest uterine prolapsus. In other cases we have noticed these symptoms to gradually come on, in a chronic form, not at first, but after the woman supposed herself to be well, and really might have been so, but for the want of a little help to the visceral supports, just in time of need. It is also common for practitioners to state, that they have a patient, months since confined, who fails to get up, without any visible reason for the failure. While recumbent, she is quite comfortable, but on every effort to stand, complains of weakness in the stomach, back, or hips, nor does she seem to promise when she will improve.

Of the Effect Upon the Economy of the Inferior Extremities.

This view may also shed some light upon the rationale of milk-leg and anasarcous veins and limbs subsequent to pregnancy, especially when the subject has a heavy abdomen. The lymphatics and veins having been more or less bruised during labor, may be in just the condition to be irritated and obstructed by visceral pressure, subsequent to labor. We have seen, too often, these

catastrophies in the persons of women of large abdomens, which had not been fully supported, to be diverted from this idea. This may also explain, in part, why it is usually women of large abdomen, who are the subjects of milk-leg, and why many of the cases occur after the patient has commenced to move about. On this point, we are coerced to conclude, *first*, that either for the purpose of immediate or prospective protection, every woman should be mechanically supported immediately after delivery, and that it should be done in such a way, as to brace the strained pelvis together; support the dorso-lumbar spine; fully gather up and elevate the floating abdominal viscera away from the pelvis, and support the stomach, liver, spleen, and diaphragm.

We next conclude, that no *bandage* action can fully fill these requisitions, although it has been faithfully tried in millions of cases. Touching this conclusion, the French physicians have gone so far, as to totally ignore the bandage; 1st, as not being *valuable*, and 2d, as being often clearly injurious. Viewing the question from our own stand-point, the following are our reasons for this conclusion. 1st. It cannot, by any possibility, exert anything better than a *horizontal, circular*, and *compressing* force upon the abdominal viscera. 2d. By such action a *downward* impulse upon the pelvic viscera, is frequently given to a portion of the intestinal chain. 3d. Such is the sloping form of the external pelvis, that there is a constant tendency of the broad bandage to creep up, and to assume the appearance of a rope, rather than of a bandage. This fact is subversive of the object, by placing the bandage too high on the abdomen for a supporting action; neither can it be fully prevented by the tightest application of the uncleanly and irritating straps.

And again; poor as any amount of abdominal pressure must be, (without a thick and heating compress,) but little of *it* even, can be obtained from the bandage, so prominent are the margins of the innominati. In fact, eight tenths of the whole of the bandage pressure must be exerted anywhere else, than upon the hypogastrium.

Apropos to this, in order to some benefit, we have found it requisite to apply the bandage so lightly, as to induce a painful and benumbing strangulation of the circulation over the innominati. And, at times, we have been annoyed at the appearance of the parts on removing the bandage, and yet, so pressing was the need of support, that the gasping patient has begged us to refasten it, painful as it was, she "could'nt get her breath without it."

We conclude then, that whilst the bandage is sometimes better than nothing, it *never can fill* the pressing indications; and also, that whilst the French accoucheurs, in their disgust for the bandages, have carried the matter too far, in leaving the woman entirely to recumbency, and the vis medicatrix naturæ, in so doing, they have not committed an *unmitigated* mistake.

Thus then, it appears that we must either abandon the weak and relaxed portion of puerperal patients to present or prospective pelvic, abdominal and thoracic weaknesses, or else, devise some fulcral and lever adjunct for their support.

It is also evident, that this device must be adapted to imitate the girding and elevating action of the abdominal and dorsal muscles when in their normal status.

To meet this emergency, we present the abdominal and spinal shoulder brace, which we have tested extensively in the premises, during the last six and twenty years. To us, it seems certain, that when this instrument is fully *studied* in all its bearings, it must appear to be largely (if not perfectly), adapted to the end desired (See cut in 15th Sep. No. of Reporter.)

Its Properties.

First, by its circling arches, rising above the cresta ilii and resting in the hypochondrial fossa, it is compelled to sit immovably inside the innominati, like a saddle, and to circumscribe, gather up, and compact the abdomen generally. Second; it does not touch any portion of the sacrum or innominati. Third; it is devoid of any heating property, and *acts*, only at the lowest boundary of the hypogastrium, the glutei muscles, the dorso-lumbar spine, and the anterior of the heads of the humeri. Fourth; by reason of an elliptical spring at its lower edge, the abdominal plate is *upward* in its action, getting *under* the lowest portion of the small intestines. Fifth; its hip supports, brace the pelvis together, by supporting the glutei muscles over the sacro-ischiatic symphyses. Sixth; the spinal and shoulder part, so brace the back, and draw back the shoulders, as to remove stress from the back and take trunkal pressure from the pelvis. Under such auspices, as a matter, of course, the size of the hypogastric region must be diminished, and that of the hypochondriac, epigastric and thoracic, correspondingly expanded and strengthened, by the upward and outward visceral bearing.

Its Application.

So long as the patient is confined to bed, I at first apply the pelvic portion of the brace only, taking care, to place the inferior edge of the abdominal plate to the superior edge of the pubes,

and at the same time, whilst holding the abdominal plate down, to draw the flabby abdomen thoroughly upward. Secondly. So soon as she is ready to sit up, I attach the spinal and shoulder support, which at once pushes forward and braces the back, and balances the body upon the point d'apui, and so, removes trunkal stress from the spine, and visceral pressure from the pelvis.

Results.

The effect of this application has been, first to enable the patient to turn herself comfortably in bed, without the usual sense of "rolling" in the abdominal organs. Second, it leaves the uterine ligaments nothing to do but to rest, and return to their normal status. Third; it removes the sense of sinking and collapse at the epigastrium, and greatly improves the respiration and the strength of the voice. Lastly: It has ever enabled the patient to rise to the convenience with impunity, and to resume her wonted domestic position and labors, much earlier than is usually considered safe, with no fear of evil consequences from so doing.

Case 1. Aged 30, and of general good health, after a hard but generous labor, was delivered of a large child. Prospects of a rapid recovery were excellent. Moved herself freely in bed, without difficulty or seeming injury. On the night of the tenth day after confinement, she complained of a sense of "emptiness" in the epigastrium, a feeling of "caving in" and "goneness in the stomach." On raising the shoulders but slightly, would gasp for breath, and unless laid down directly, would faint. Constantly lay with her arms folded over the hypogastrium "to support the stomach;" continually called for a "tighter pinning of the bandage at its lower edge." Said "nobody had wit enough to pin a bandage;" also, that "it choked her around the hips, but did not support the stomach." On placing a good sized pillow under the bandage, she said, "It presses enough, but does not seem to work." On removing bandage, she placed both hands on the hypogastrium and drew up, saying, "There! can't you do so. That is it." Meantime the innominati had to be chafed with liniment, so strangulated had they become from the tight pinning. In this case there was no other untoward symptom. She insisted that she was well enough, if she could only "find her stomach and could get her breath." She partook of dry food most voraciously, wanted to eat much of the time. This we indulged her in, as there was neither fever nor irritation and the digestive organs received the food kindly. "Eating biscuit and crackers was all the comfort she had." "It stuffed her out and braced her up." But when she stopped eating, she soon "lost her stomach and felt like dying." This condition lasted for ten days, during which time she insisted that we were "too stupid to contrive a support for a woman's bowels." On the tenth evening found her weeping under the greatest discouragement. She knew "we could devise something to support her," and gave us a look of reproach which penetrated to the core of our sensibilities.

Up to this moment the application of the brace in the premises had never occurred to us, and we had drawn great comfort from the thought that such patients suffered "according to the books." But being now aroused by the patient's reproach and by a sense of chagrin, we ventured upon a trial of the abdominal brace. At the sight of the instrument, the patient exclaimed, "Well, there is common sense in that." On its application, she drew a full inspiration and said, "There! I am all right." On same evening, she walked to the tea-table, her countenance being radiant with satisfaction. Thus ended this remarkable case, but not so the flood of pathologic and therapeutic light which it suggested to us.

Case 2. In the winter of 1845, the late Dr. Washington, of Broadway, New York, desired me to visit with him a lady, aged 32, who since the birth of her second child, (about six months before,) had never been able to leave her bed. Said he, "The case is a mystery. I can diagnose no lesion or functional derangement of any viscus. Have plied tonics, generous wines, and nervines abundantly." Her appetite was fair, but spirits constantly depressed; was harassed with gloomy forebodings; rested badly. Every effort to sit excited syncope or a gasping feeling. The dorso-lumbar spine was weak; limbs gave way. Said, "Seems as if my bowels will drag my tongue down my throat." On scrutinizing this case; I diagnosed it to be a clear case of muscular laxity following labor, and consequent upon the muscles and ligaments not being properly protected in the puerperal month. Accordingly, at Dr. W's request, and in his presence, we applied the abdominal and spinal shoulder-brace, with the following results. Before rising, she expressed a "sense of support" and "could respire deeper." In a few moments we assisted her to sit upon the bed with her feet upon the floor; after giving a little time for the nervous tumult thus caused to subside, we assisted her to her feet, to her immense alarm. After repeating this process a few times, she walked

with our aid, around Dr. Washington's chair, much to his amazement. This was the "beginning of the end" in this case also. These two are remarkable and extreme cases, but they also are comprehensive of the points of the more ordinary ones, from which we might cite to an indefinite extent. But propriety forbids, and these must stand as just representatives of many hundreds.

In commending the above views and conclusions to the notice of the profession, we cannot more forcibly do it than by reminding them, that of all their cases of anomalous pelvic and abdominal weakness in married women, most of them make the stereotyped remark, that they have "never fairly got up since the birth of a child born years since." Certainly, in the light of mechanical pathology, such a statement must henceforth be most suggestive and full of diagnostic and therapeutic instruction.

[To be continued.]

CASE OF SYPHILITIC LARYNGITIS.

By James B. Burnet, M. D.,

House Physician, Bellevue Hospital, New York City.

Maria Brown, 30 years of age, married twice, has been sick for two months. She had one boy, who is now eight years old, by her first husband. Was a widow for five years, then married again about three years ago, and has never been pregnant by her last husband. Last winter she had much pain along her tibiæ, which pain was always greatly increased at night. About two months ago, a bad cough made its appearance, she never having had a cough before. There is a slight purulent expectoration with her cough. She never has spit any blood. Oftentimes the cough is very harsh. Her flesh is being lost rapidly. Formerly she was very stout. She experiences an oppressed smothering sensation and difficulty of breathing, especially at night. First appeared a soreness of the throat, and after two days, hoarseness in speaking; then, after the cough had been present three or four weeks, loss of voice came on. There is no eruption on her body, but she has had loss of hair, trouble with her eyes, and nocturnal pains in her bones. It is impossible to obtain from her a very clear history. There is no depression under her clavicles. Percussion of the lungs is very nearly alike on both sides, but not perfectly healthy, being rather emphysematous. On attempting auscultation, hoarse laryngeal sounds are heard all over the lungs, and we cannot distinguish the respiratory murmur satisfactorily. On counting, the sound is a little more intense on the right than on the left, but nothing unnatural. We exclude tuberculosis. Some tenderness on pressure over the larynx is found. On inspection of the throat, a slight ulceration is seen at the epiglottis, and the patient's breath has a strong syphilitic smell.

The *diagnosis* of syphilitic laryngitis was made, and the *treatment* commenced, was iodide of potassium and mercurial inhalations. Under this treatment she rapidly became better, but left us before all the worst symptoms had disappeared.

Remarks. Syphilitic laryngitis is a *late* symptom of syphilis. It rarely occurs unaccompanied by other symptoms. The symptoms of the disease are as follows: difficulty of respiration, huskiness of voice, some pain, at times a slight bloody and purulent expectoration; later on, aphonia, emaciation, exhaustion, and sometimes death. The symptoms of tubercular laryngitis, are, in the main, the same as those of the syphilitic form of the disease, but in the former, symptoms of tubercles already deposited in the lungs will be found, as tubercles are never deposited in the larynx unless previously in the lungs, and thus the differential diagnosis between the two can be made. Dr. Wilks thus speaks of the post-mortem appearances of this disease: "In the *tubercular* disease of these organs, apart from the small amount of adventitious scrofulous deposit, the affection is characterized by extensive ulceration, whereas, in the *syphilitic* form the peculiarity is the thickening and induration, owing to a formation of fibrous tissue. The difficulty is in distinguishing between a syphilitic and a simple inflammatory form of disease; but I believe the majority of cases of chronic laryngitis which we meet with are syphilitic, and the more likely is this to be the case when there is a large amount of fibrous deposit present. The disposition in constitutional syphilis is to the production of lymph, which may subsequently become a tough fibrous tissue; this you see in periosteal nodes, as well as in the same formations in other parts; and thus in the larynx you may find sometimes, perhaps, nothing more than a mass of fibrous tissue developed in the glottis and almost closing it; in other cases, you find with this, extreme thickening, also, the epiglottis thickened and hardened; or this condition may extend down the larynx as far as the trachea, or the whole organ may be indurated throughout, and even sometimes the cellular tissue externally, with the adjacent small lymphatic glands all matted together, and implicated in the process. With this induration there is generally more or less destruction of the parts, and in most cases, no doubt, the ulcerative process has accompanied the induration and contrac-

tion, and thus the inner surface has either lost its mucous membrane, or presents a cicatriform appearance. Sometimes, if the ulceration is considerable, the whole of the inner surface of the larynx presents a shaggy or flocculent aspect, and occasionally the ulceration is continuous over the glottis, with an ulcer of the pharynx; in such a case the question may arise as to the original site of the disease; but, as both these parts may be independently affected, it is possible that the disease in both has progressed simultaneously. Other parts of the air passages may be affected as well as the larynx. As you see in the specimen I now show you, where the lower part of the *trachea* is very much thickened, and the surface ulcerated; and in the preparation I just now showed you, of contracted *bronchus* arising from an ulcer, the nature of the disease was clear, in the fact of the patient dying of syphilitic laryngitis; the contracted trachea also had the same origin. As I before mentioned, in some of these cases of the ulceration of the trachea, the rings are laid bare, and which sometimes become detached during life, if the patient recovers."

Virchow mentions a case of death from stricture of the larynx, due to syphilitic ulceration. The *prognosis* of syphilitic laryngitis is unfavorable. In the *treatment* of this disease, we must depend upon iodide of potassium, mercurial inhalations, tonics, nourishing diet, and well-regulated exercise.

Hospital Reports.

Jefferson Medical College,
December 15, 1866.

Surgical Clinic of Prof. Gross.

Reported by Dr. Napheys.

Result of Castration, Performed Nov. 24.

Jos. C., æt. 38. Three weeks ago this man was operated on for syphilitic disease of the right testicle, vide pp. 48 and 107. The left testicle which was involved in the disease, was strapped one week ago to-day. The strapping has been of great service in bringing about a diminution in the size and hardness of the organ. There is now no pain in the part. The man is doing well and the left testicle will doubtless be saved.

Orchitis.

John R., æt. 24. About five weeks ago he was struck by the shaft of a wagon, and has had a great deal of pain in the testicle ever since. He has had no gonorrhœa. The skin over the testis is somewhat discolored and the part is exceedingly tender. The swelling is not confined to the epididymis, as it is always in the early stages of gonorrhœal inflammation, but it affects likewise, the body of the testicle and a little of the spermatic cord. The part feels heavy. On grasping the swelling with the left forefinger and thumb, and then applying the index finger of the right hand, distinct fluctuation is perceived owing to the accumulation of serum in the vaginal tunic, a very common occurrence in epididymitis and orchitis.

This inflammation of the testicle is not infrequently of traumatic origin, from injuries of various kinds either to the part or its neighborhood. Its most common cause, is the extension of gonorrhœal inflammation from the urethra along the deferent duct. Sometimes, after parotitis has existed for several days, the disease suddenly disappears and is translated to the testicle. The reason of this metastasis is not known. Although there is no direct communication either by blood-vessels or nerves, and no particular sympathy that can be determined, yet the testicle is often ultimately obliged to bear the brunt of the morbid action started in the parotid gland, which may result in total atrophy of the testicle. Fortunately, atrophy, when it does occur, is usually confined to one organ.

Whenever there is epididymitis or orchitis or both combined, to any considerable extent, attended with a good deal of swelling, there is sure to be more or less serum effused on the vaginal tunic, which, by its pressure on the tender inflamed structures, is productive of a great deal of suffering which is relieved by the drawing off of the pent up fluid. A free incision was made and nearly a table-spoonful of serum mixed with a little blood evacuated.

The patient's tongue is a little coated, bowels regular, sleep disturbed in consequence of pain, and appetite poor. He was ordered

℞.	Magnesiæ sulphatis,	℥j.
	Morphiæ sulphatis,	
	Ant. et pot. tart.,	āā gr.ss.
	Tinct. veratri viride,	f.℥ss.
	Sacchari albi,	℥ij.
	Aquæ,	f.℥ss. M.

Sig. Tablespoonful every three hours.

The testicles are to be well supported by a suspensory bandage, and covered with a solution of acetate of lead and opium, one ounce of the former and one drachm of the latter to two quarts of hot boiling water, to be applied warm. Leeches might be placed with great advantage to the groin, the inside of the thighs, or the sacrum itself.

Result of Gunshot Wound of the Mouth.

Wm. C. æt. 45. He cannot open his mouth as widely as natural. There are some bands extending from one jaw to the other, the result of gunshot injury, the ball having entered at the angle of the jaw, knocked out a number of teeth, and passed out through the alæ of the nose. There does not appear to be any contraction on the part of the masseter muscle. The bands are quite firm and situated immediately beneath the mucous membrane. They were divided submucously, enabling the patient at once to open the mouth much wider.

Stone in the Bladder.

Wm. B., æt. 8. He has had incontinence of urine for the last twelve months, and has com-

plained of pain since Tuesday last, none before. The sound was introduced into the bladder and came in contact with a hard stone, which emitted a distinct click on contact with the instrument.

He was ordered

℞.	Decocti uvæ ursi,	Oij.
	Morphiæ sulphatis,	gr. j.
	Sodæ bicarbonatis,	ʒij. M.

A wine glass full every three, four, or five hours, given cold. Uva ursi acts specifically upon the urinary apparatus, assisting in relieving morbid sensibility of the mucous membrane. Bicarbonate of soda also obtends morbid sensibility of the bladder in a very remarkable manner. The morphia is added to the prescription with a view to its anodyne effects. The child's system will be prepared for an operation at an early day.

Operation for Irreducible Dislocation of the Shoulder.

John Dickinson, æt. 60, laborer. He has had axillary dislocation of the right shoulder since the third of October. There is a marked depression under the acromion process, and the head of the humerus can be felt in the axilla. He can touch the opposite shoulder, but cannot carry the hand quite to his head. There have been two attempts at reduction, one by manual efforts and the other by the application of pulleys.

It is now proposed to make a vertical incision two and a half to three inches in extent, through the deltoid muscle down to the bone and capsular ligament, to ascertain where the difficulty in the way of reduction lies. The head of the bone will then be lifted up with an obstetrical instrument and restored to the glenoid cavity. There is no precedent for this operation.

The patient was placed under the influence of chloroform. The incision was made in the manner described, the capsular ligament divided just sufficiently to enable the finger to be introduced, and the moment the tension was removed, the head of the bone was restored to its place without any difficulty.

The edges of the wound about four inches in length, were admirably approximated by four long pins, embracing at least three fourths of an inch of muscle and integument, so that a very strong hold was obtained. In the intervals, collodion strips were applied. The object is, to get, if possible, union by the first intention. The parts will be kept perfectly at rest.

After the operation, the arm could be placed in contact with the side and the cavity under the acromion process had disappeared.

Women Doctors.

The British Medical Journal says the British Temple of Medicine is likely to be besieged by fair invaders entering through the Hall of the Apothecaries Society. In the last week of January, three ladies were examined by Drs. Buchanan, Griffith and Brodribb, in Euclid, arithmetic, English history, Latin translations, etc., etc.,; their propositions were stated with all the required geometrical accuracy. *The Journal* adds: "If they prove as orthodox in medical art as they are accurate in constitutional accuracy, there will be nothing to alarm the most conservative minds."

Medical Societies.

BALTIMORE MEDICAL ASSOCIATION.

Meeting of January 14th, 1867.

Reported by J. W. P. Bates, M. D.

Question—"Calomel, Its Uses and Abuses."

Dr. Arnold. It has been said of calomel that its uses are grand, and its abuses sublime. All good things are abused, bad never are, for all try to shun them. Calomel is no exception to the rule. In one disease calomel is a specific, which can be said of no other drug except quinine. It is a specific in syphilitic iritis. Dr. Chambers was the first to introduce it in the treatment of general inflammation. He found that syphilitic iritis was cured by calomel, and he thought that other inflammations might be as successfully treated by the same remedy. This was hailed as one of the greatest boons to therapeutics, and it is only lately that there has been any skepticism on the subject; for, although it will cure iritis as promptly as ever, there is not the same evidence to prove that it will cure other inflammatory diseases. We acted like a child, and thought because it was good in one inflammatory disease that it was good in all, and from this dates its introduction into general practice, and its abuse. In no disease, except syphilis, is there any proof, any evidence that it has ever done any good. In these days we see very little of mercurial salivation, or its extreme effects. We try to compromise with ourselves; we do not give as much as we wish, but think we must give some, so we are satisfied with its cathartic effect. It has generally been thought to control the secretions, and, if this were true, it would be a good thing, but this is not proved, for there are many potent voices in the profession who deny that it has any effect on the secretions. It has been used very long, and it is no credit to us that we know so little about its therapeutic effects, except its powerful control in syphilis and kindred diseases.

Dr. Kinnemon. I do not know how to discuss this question, unless you review the diseases, and its utility in these diseases. Members may speak of superseding this remedy. I know very well that this article, as well as the lancet, is being decried, but we should be very careful how we act against the experience of Rush, Physick, Baker and others. The question should be, is calomel a good, powerful, and certain remedy in disease? I know of nothing that can take its place in inflammatory diseases. How are we to prove the utility of a remedy except by its use? Some patients, and some constitutions, will not bear the use of calomel, but in others we can rest on it. Take pneumonia,—what can compare with calomel in its treatment? We must prepare the patient by depletion, and we will seldom find it deceive us; but if we use it without depletion, death may be the result; hence the saying that "salivation is salvation in pneumonia." I do not consider profuse salivation is necessary, the slightest touching of the gums is sufficient. I never saw a case die in which I could produce the mercurial influence. In a practice of over

thirty years, I do not think I have lost six patients with that disease. In dysentery it will never fail, if you prepare your patient for its use by proper depletion; at least such has been my experience. I do not believe in large doses, as 30, 40, 50 or 60 grains, for small doses are just as efficient. As regards the use of the article, I believe that there are some constitutions upon which it will not act. Dr. Jackson speaks of gangrænopsis, and it might just as well be called calomel-opsis. I have seen cases in children, in which it had destroyed the face. I do not think it should be used in scrofulous cases. If instead of increasing the secretions it produces dryness, we should be careful.

Dr. Stirling. I am much astonished at the remarks of Dr. Kinnemon, for I thought the war had satisfied the profession in regard to the use of calomel. I was taught that it was essential in pneumonia, but I found in the army hospital that it would not do, and that if I persisted in its use, I would very likely lose my patients. In the last year of the war I did not give a grain. I have not much confidence in it even in syphilitic iritis. It is good as a purgative, but does not act as an excitor of secretion. Dr. Wood recommends it in diphtheria, but if you trust to it you will be very apt to lose your patients.

Dr. Uhler. I have had some experience in the field, and consider the order of Dr. Hammond banishing it from the supply-table well timed, for it was undoubtedly abused. In the West large doses are common, sometimes as much as a teaspoonful being given, and Dr. Hammond aimed at such cases. I saw a number of cases of profuse salivation; ulceration of the gums and slight necrosis of the jaw were common. When wounded men were subjected to the use of calomel, they did not get well as soon as those that were not. I noticed this in an Ohio regiment; the convalescence was protracted two or three weeks. The abuse became notorious, and Dr. Hammond aimed at it.

Dr. Kinnemon. The Doctor has not shown that calomel properly applied has been injurious. I cannot see why a man would give calomel in a case of gun-shot wound. I attended men laboring under pneumonia, in the hospitals, and I depleted them. They came from Annapolis, very much emaciated, but the surgeons, not discriminating between direct and indirect debility, treated them by stimulants, and the men died. In debilitated cases of diarrhœa, dependent upon inflammation of the mucous membrane, opiates, astringents, etc., would not act until after depletion. At Fort Marshall I treated the cases as I would those occurring elsewhere. I had cases of dysentery, pneumonia, etc., and did not lose one. The surgeon succeeding me used the stimulant treatment, and I went into the hospital and saw a dozen men dying with diarrhœa.

Dr. Stirling. Do you think those men died because they were stimulated?

Dr. Kinnemon. That is my opinion. Not all that is written is true in practice. We depend too much upon writers. We should never deplete a man that is anæmic. Let us try to think for ourselves.

Dr. Jones. The abuse of a remedy does not fairly invalidate its virtues. The cases referred to by Dr. Uhler are not fair examples, but there is no doubt that it was much abused. It is good as a purgative, and in inflammation of the mucous membrane. I saw many cases of pneumonia in the hospitals. At first I used calomel, but I soon saw my error. Afterward I used cupping and carbonate of ammonia. I will not say that I stimulated them, but I was satisfied with the success of the treatment without calomel. When you treat pneumonia and pleurisy by the stimulant and nutritious mode, the convalescence is quicker than by depletion. Calomel has been much abused, but I should be sorry to forbid its use. I have seen trouble from its use in children and wounded men.

Dr. Warren. Here are gentlemen who have had experience in the use of the same remedy, and in the same class of cases, yet their opinions are directly opposed. I have had some experience with this remedy during the recent war. Dr. Hammond thinks it is not a cholagogue,—this, according to my experience, is a fallacy. It does positively and directly increase the secretion of bile. It has been a question how it gets into the system, as it is nearly insoluble. Some suppose it is converted into the bichloride, but this cannot be true, otherwise the actions of the two would be identical, which they are not. Many think that it is dissolved by the tauro-cholic acid, and that this is the way it gets into the circulation. All know that it is absorbed. Chemists have found calomel in the bile, and the quantity of bile increased after its use. When we wish to reduce inflammation, in its first stages, calomel may be used to great advantage, as also in all cases in which there is torpidity of the liver. I agree, with Dr. Kinnemon, that it is a potent and valuable remedy.

In certain classes of inflammations, as iritis and adhesive inflammations generally, (sthenic, not asthenic,) it may be used to advantage, because it destroys the fibrin of the blood. When there is danger of exudation taking place, calomel may be used. A great change has taken place in the type of diseases. In my early days, (sixteen years ago,) I used to bleed and use calomel *ad libitum*. I have not bled a patient for five years, and would almost as soon think of cutting my patients' throats as to salivate them in pneumonia. Debility seems now to accompany nearly all diseases,—the tendency is typhoid. The indication is to strengthen, not to break down. My plan is to feed and stimulate. I give quinine above all other remedies, because it strengthens the nervous centres. We did not use blue mass nor calomel in the Southern army, because we did not have them. We relied on indigenous plants. More cases were saved by whisky than by drugs.

There is no need of the development of salivation. The simple increase in the secretions of the salivary glands, is proof that all the other glands have taken as much as they can, for these glands are the last to be affected by mercury. This specific effect of mercury is a very peculiar thing. I knew a lady who was salivated by her imagination. She told me that she could not

take mercury; I gave her rhubarb, but when I called the next day she was salivated. I knew a man to be salivated from simply touching his tongue to some calomel. In syphilis it is as near a specific as any other drug in any other disease. How does it expel the virus from the system? Hunter thought that two poisons could not exist in the system at the same time, and that the syphilitic was expelled by the development of the mercurial poison. We all know that this is an error. I have a theory of my own in regard to the way in which it acts. Syphilis seizes on some of the elements of the blood, and breaks them down to a certain extent; mercury seizes upon these, and completely disintegrates them, and so expels them from the system.

Dr. Uhler. I did not say that calomel was used to cure gun-shot wounds, but it was used in other diseases in persons who had been wounded. The order of Dr. Hammond was aimed at these cases, and was well timed.

Dr. Kinnemon. I believe it is Magendie, or some other French physician, who says calomel acts by chemicalizing the blood, and this is what we require. I do not hold that every case of pain in the chest is pneumonia—many are cases of rheumatism and are mistaken for pneumonia. This typhoid condition is the result of unsubdued inflammation of the chest as in other inflammatory diseases. Neglect of depletion when it should be resorted to, is the cause of much of the typhoid fever of which I hear physicians speaking. I do not meet with typhoid fever, nor do I meet with deaths. If the constitution has changed, deplete the less. If depletion was proper in inflammation once, it is proper now. Adapt your remedies to suit your cases. I believe calomel acts on the biliary secretion. I attended a lady troubled with incessant vomiting; the discharges were clay colored. I gave ten grains of calomel and the vomiting ceased and she convalesced.

Dr. Williams. The tendency of the human mind is to extremes. Dr. Kinnemon says he cures all cases with calomel. This is one extreme. Dr. Stirling says it has no effect whatever. The other extreme. Dr. Warren seems to be on both extremes. I think there is truth on both sides. If we could always act independently it would be the best. If we had a case of pneumonia in a strong man, active inflammation tending to delirium, he would be a bold man that would stimulate him. My plan is to deplete. The difficulty is, that we seldom see these cases in the stage of congestion, and were we to do so we would be very apt to deplete them. When you come to the modern plan, of treating exclusively by stimulants, you will find that the works are based upon hospital cases occurring in persons whose constitutions have been broken down, in which no man would bleed or give calomel, but would give stimulants and nourishment. It is impossible to give any fixed rule for the treatment of the disease; and I think I could show Dr. Kinnemon many cases in which he would not venture to deplete or give calomel. As to the use of calomel. We all agree that it is a very good thing in the right place and at the right time. . The tendency of the present day is to decry all remedies. I do not believe that medicine is worthless and that nature does all, any more than I believe the dogma of one hundred years ago, when the reverse of this was held to be the truth. There was a time, when calomel was used promiscuously, now we give calomel in nothing. It is urged upon us that calomel is useless in syphilis, but we all know that is not correct. They argue from its abuse against its use. If it is proved that it does more harm in its abuse than it does good in its use, I am prepared to give it up. There is no doubt it was much abused in the French hospitals. It will cure syphilitic iritis—of that we have ocular proof, but in the other syphilitic diseases we have not this proof and are more skeptical. It is not necessary in the simple, unindurated chancre, but is very useful in the Hunterian. As for the mode in which calomel acts, it is not explained, we have the simple effects. The explanation of Dr. Warren will hardly do. We have to accept the fact but cannot explain it. There are any number of illustrations in other drugs, as ergot. Dr. Monkur had a theory peculiar to himself. He did not believe it was absorbed. He said he gave 100 grs. to his own child, and by saving all the discharges he collected 99 grs. We have not yet reached the true solution, how it is absorbed. When we speak of salivation, we do not mean merely a profuse flow of saliva, but also inflammation. There is a great difference in regard to the susceptibility of persons. I gave a girl three grains of the protoiodide of mercury, in divided doses, and she was profusely salivated, whilst a man under my care, has been taking three grains daily since last September, with no effect.

Dr. Arnold. I have been much struck with the fact, that however much we may boast of being practical men and governed by experience, our experience is anything but complimentary. All our works published a few years ago teem with praises of calomel. It was a standard remedy. If we can trust at all to the past experience of so many physicians, how is it that there is this change? We now hear the same laudations of stimulation. This rests upon theoretical grounds and not upon practical experience. We are also told that the type of disease has changed—this is a kind of compromise, and like the stimulation idea, rests upon theory. Calomel has certainly been found to do a great deal of good in syphilis. Dr. Chambers introduced it in the treatment of other diseases, not from practical experience, but from analogy. There are no statistics to prove that it is useful in these diseases. Bennett gives statistics in favor of the expectant treatment of pneumonia; he favors the expectant treatment, which if it does no good, does no harm. If nature can cure, what business have we to experiment?

Dr. Williams. The statistics of French hospitals prove that if the pneumonia be limited to one lung the recoveries are almost unanimous. We should, therefore, take double pneumonia.

Dr. Arnold. Simple pneumonia almost always terminates favorably, but in tuberculous cases the result is generally fatal. Homœopathy has done good by showing us what nature can do. I have faith in remedies, but more faith in nature.

Dr. Warren. Calomel is good in the conges-

tive stage, but in pneumonia proper—the stage of exudation—stimulants are called for, and calomel is injurious. The stimulant practice rests upon experience and not upon theory. Todd, Bennett, and others who advocate this mode, were appointed as hospital physicians, because they were medical philosophers.

PROCEEDINGS OF THE MEDICAL SOCIETY OF HARFORD COUNTY, MD.

The second meeting of this Society was held in Bel Air, on February 12th.

The President, Dr. John K. Sappington, being necessarily absent, in consequence of ill-health, the duties of the office were performed by the Vice-President, Dr. Thos. C. Hopkins.

After registering the names of the members present, the minutes of the previous meeting were read and approved.

The following new members were received into the Society, and duly registered: Dr. Wm. H. Stump, Dr. W. W. Virdin, Dr. Thos. H. Roberts, Dr. Samuel S. Robinson, Dr. John Evans, Dr. George W. Archer, and Dr. Robert R. Bouldin.

The reports of Drs. Lee and Forwood, Committee on Printing, were then made. No action was taken upon either of the reports, but the committees were resolved into one and continued, Dr. Finney being added to it.

A committee of seven was appointed by the President to draft a Fee-bill, with instructions to report at the next meeting.

At the request of the proprietor, Dr. Geo. W. Archer, Dr. Forwood presented for the examination of the members the first medical Diploma that any College ever bestowed on this Continent. It was awarded to Dr. John Archer, the grandfather of the possessor, at the session of the University of Pennsylvania, in the year 1768. Dr. Archer further explained the interesting circumstances attending the award; and signified his intention of presenting it to the venerable institution from which it emanated, for preservation in its archives. The members expressed their gratification for the privilege of inspecting so unique a curiosity.

Dr. Forwood offered the following amendment to the Constitution: "No member of this Society shall be permitted to render his services to individuals, or collections of individuals, by the year, or for any specified period, for a stipulated sum."

Dr. F. also submitted an alteration of the first section of the eighth Article, as to the hour of meeting, proposing the hour of 11 o'clock, A. M., instead of 1, P. M., as at present.

The amendment and alteration were laid over under the rule, for the consideration of the next meeting.

Dr. Hays offered a resolution, which was adopted, that each member of the Society be taxed one dollar, payable at the next meeting, for the purpose defraying the expenses of printing the Constitution and By-Laws, Code of Ethics, etc.

Dr. W. W. Hopkins read an interesting discourse, introductory and congratulatory to our young Society; and paying a glowing tribute to our noble profession, which many of the best and most learned men of all ages have devotedly practiced.

Upon motion of Dr. Forwood, the Society unanimously adopted a vote of thanks to Dr. Hopkins for his entertaining paper; and the hope was expressed that others would follow the example thus set, in presenting papers for the benefit of the Society. It being the duty of the Chair to announce the subject to be discussed at the next meeting, Dysentery was suggested; and Dr. Forwood moved that Dr. John K. Sappington be respectfully requested to present his views upon *Dysentery and its treatment*, at the next meeting; his experience, and great success in the treatment of that distressing and often fatal malady, eminently qualifying him for instructing the Society. The Society heartily indorsed the motion.

A committee of five was appointed by the Chair to nominate officers of the Society for the ensuing year, and delegates to the State and National Societies. The officers of the primary meeting were continued, with the addition of the following named gentlemen as Censors, viz., Dr. John K. Sappington, Dr. John Evans, and Dr. Geo. W. Archer. The following are the names of the delegates that were elected to represent the Society in the *Medical and Chirurgical Faculty of Maryland:* Dr. Wm. J. Evans, Dr. R. R. Bouldin, Dr. David Riley, Dr. T. M. Elliott, and Dr. W. W. Hopkins. And the following were elected as delegates to the *American Medical Association*, which meets in Cincinnati in May next: Dr. Thos. C. Hopkins, Dr. S. B. Silver, and Dr. W. Stump Forwood. Dr. Finney, Dr. Hays, and Dr. Ramsey were appointed by the Chair as alternates to the *American Medical Association.*

The Society then adjourned, to meet again on the second Tuesday in May.

Upon the adjournment, the members were invited in a body to partake of the hospitalities of Dr. Lee. A bountiful dinner was provided, to which justice was done at the time, but to which it is impossible to do justice in words. Suffice it to say, that every one appeared to enjoy the repast, and the pleasant remarks attending it; and after many compliments to the worthy host, the members separated.

Editorial Department.

Periscope.

Cereus Grandiflora in Affections of the Heart.

Dr. A. F. Potter, of Boston, recommends, in the *Med. and Surg. Journal* of that city, the cereus grandiflora, or night-blooming cereus, in affections of the heart. It is a sedative to the nervous and circulatory systems, and acts on the kidneys; given in the regular medicinal doses repeated at proper intervals, it is found to diminish the frequency of the pulse and increase the secretion from the urinary organs largely; it is hence of great service in dropsical diseases. In large doses it is irritant to the stomach, and has a peculiar effect upon the brain, producing mental confusion, hallucination, and slight delirium. In cases of an inflammatory nature, with acute symptoms, it is

contra-indicated. It is indicated in chronic cases accompanied with anasarca, and in the condition of the heart which is generally associated with anæmia, and in which the tissue of the organ is enfeebled by defective nutrition, in combination with iron, mineral acids, and other tonics. An important incidental advantage in these cases is, frequently, its effect in removing the dropsical effusion, whether in the pericardium, the other serous cavities, or the general areolar tissue. Dr. Potter has found it to act very favorably in palpitation, either from plethora, anæmia, or merely nervous disorder; but the remedy is applicable only to the cases in which the affection has a certain degree of permanency, and not at all to those occasional and fugitive attacks which occur under passing excitements.

The saturated tincture is preferred. Take of the fresh stem and flowers of the cactus four ounces, ninety-five per cent. alcohol, one pint, macerate for one month, and filter. Dose—from one to five drops three times a day, gradually increasing, if necessary, until unequivocal symptoms of its operation are manifested.

Dr. P. expresses his belief, that if the profession will test the virtues of the cactus, few would be willing to dispense with its use.

Reviews and Book Notices.

The Indigestions; or, Diseases of the Digestive Organs, Functionally Treated. By Thomas King Chambers. Honorary Physician to H. R. H. the Prince of Wales, etc., etc. London: John Churchill & Sons. 1867.

[This work has just been issued from the press of H. C. Lea, of this city. *Price*, $2.50.]

Quite recently we had occasion to notice an admirable little volume of Dr. Chambers', the fruit of his travels in search of health. This is a large work, upon a topic more *pathologically* treated by him some years ago, in a book entitled "Digestion and its Derangements." A large part of this volume consists of notes of cases, taken by himself or his clinical clerks, with the patients before them. They have, therefore, a greater aspect of reality than such as are based upon recollection, even at the end of the day.

Dr. Chamabrs' style is so vivacious, and his thoughts always so suggestive, often original, and generally sound, that the book is decidedly interesting, as well as instructive. Its subjects, besides a general Introduction, are: Indigestion of various Foods; Habits of Social Life Leading to Indigestion; Abdominal Pains; Vomiting; Flatulence; Diarrhœa; Constipation and Costiveness; Nervous Diseases connected with Indigestion. The variety of topics included under these heads, is, however, not all fully indicated by the above list of contents. At the close of the volume is a well prepared "Analysis," or summary of subjects more in detail; and also an Index.

Dr. Chambers considers, we think correctly, that no objection made to the term "dyspepsia," upon the question of pathological unity or entity, justifies its abandonment. It is clinically descriptive and convenient, as much as diarrhœa, dropsy, colic, and many other medical terms. Among the causes of indigestion, he enumerates *tight lacing;* especially injurious to married women after confinements.

The Renewal of Life: Lectures, Chiefly Clinical. By Thomas King Chambers, M.D., etc., etc. Second American, from the Fourth London Edition. Philadelphia: Lindsay & Blakiston. 1866. *Price*, $6.

This work is the one upon which, so far, the reputation of Dr. Chambers as a medical thinker and author, has been principally founded. We are surprised at the sensitiveness of one so independent in his opinions, shown by his changing the title of the book as issued in London, after the second edition. The only reason for this was that some hypercritical reviewers found the title, "Renewal of Life," open to misrepresentation. Certainly it expresses very well the cardinal idea of the volume, and, it may be said, the leading idea of the practice of medicine at the present day. The American publishers are, therefore, fully justified in restoring the old title. There is, it is true, enough clinical matter to make also appropriate the rest of what is placed upon the title page.

Dr. Chambers thinks for himself, belonging to no school. This is eminently proved, for example, by the manner in which he deals with the subject of blood-letting. Thus (p. 617):

"Taking blood from dilated blood-vessels is like emptying the urinary bladder with a catheter, when it is paralyzed by the pressure of its retained contents: and the more locally the remedy can be applied, the more like it is to that generally approved surgical operation. Dropping the burden which weighs down their life, the vessels are enabled to go again to their work of regulating the stream of the circulation by their elastic coats. So far, then, the treatment is directly restorative and reconstructive." "The questions which we have to decide in each several case are—first, whether we can by our art certainly repair the artificial injury of loss of blood;—secondly, whether the part to be relieved is of sufficient importance to the whole to justify the sacrifice of the blood;—and thirdly, what is the least amount of sacrifice that will be of use. As to the first question, the daily occurring evidence of cases is surely enough to give us faith in the means of renewal at our command. As to the second and third . . . . . it is my purpose to set before you a list of certain instances."

Lindsay & Blakiston have, as is usual with them, made a handsome volume of Dr. Chambers' Lectures. It is one of the books that every medical man, who reads at all, ought to possess.

Medical and Surgical Reporter.

S. W. BUTLER, M. D., *Editor and Proprietor.*

PHILADELPHIA, MARCH 9, 1867.

MEDICAL PHILANTHROPY. — TRAINING IDIOTS.

We have before us the Fourteenth Annual Report of the Pennsylvania Training School for Feeble-Minded Children. The work of benevolence and skill commemorated by it is one of the most remarkable, as it is one of the latest of the advances made in what we may call *medical philanthropy*. All are aware, that it was only toward the end of the last century that at the York Retreat, under the care of the Society of Friends, the first effort at the "moral treatment" of the insane was made. This was, some years after, extended successfully by Pinel in France. Since then it has become universal; converting bedlams into model hospitals, and restoring every year hundreds of deranged persons to their homes.

Scarcely, if at all less unexpected, has been the result of putting faithful and intelligent perseverance to work upon the most seemingly hopeless idiots. First, this was done by Seguin less than thirty years ago. He began upon an imbecile well known in his native place as "the wild man." Encouraged by success in taming and improving him, he made a special and practical study of the subject; among the fruits of which are some excellent works on idiocy. Next came Dr. Güggenbuhl, of Switzerland, who took deformed and stunted cretins of the Alpine valleys, and by combined mental training and medical and hygienic treatment, made of them useful human beings. In our own country, as well as in England and elsewhere, this noble idea was soon taken up; first in America by Dr. H. Wilbur, now of Syracuse; then by Dr. S. G. Howe. In England, there is one institution, at Red Hill, Surrey, with over three hundred pupils. Some of their results are wonderful, considering the material to work upon. Abundantly has it been proved that imbecility, like insanity, may be, and often is, partial; and that even when most of the faculties are undeveloped or dormant, one or two may be normal, and all may in very many cases be improved.

Dr. Kerlin's Report of our Pennsylvania Institution gives an interesting account of the progress of that institution, now holding a hundred and fifty-eight patients. Remarks are made also upon some of the *causes* of idiocy in families; prominent among which are considered to be intemperance and sexual excesses on the part of parents, and marriages of consanguinity. Perhaps an over-statement may be made in the case of the last.

Some inquiry into this subject has convinced us that it is an error to ascribe the many constitutional defects of children born to those who have married cousins, to the fact of consanguinity alone. Exceptions undoubtedly exist, too decided simply to "prove the rule." It is probably true, that *most* of such deteriorations are due to previously existing taints in the families, *doubled* by marriage of those related and thus possessing the same tendencies. As very few families are absolutely without imperfection of constitution, all marriages of consanguinity must run this risk, and a small number only may escape from evil consequences. Practically, therefore, both views point to the same prudence in avoiding and discouraging such marriages; but the true scientific basis upon which such a recommendation is founded should be carefully considered and clearly set forth.

MEDICAL TEACHING in PHILADELPHIA.

We are glad to be able to mention two or three things which are in the interest of medical teaching in this city. First, it is announced that that time-honored Institution, the Pennsylvania Hospital, where, for more than a hundred years, the medical men of our land have received demonstrative instruction from some of the brightest lights that our country has produced, has thrown open its doors to *free clinical instruction*. This is a grand triumph in the interest of medical teaching, as this hospital, besides being easy of access, has its spacious wards constantly filled with cases of the greatest interest in all the departments of medicine and surgery.

It is also announced that some important changes, which it is hoped will add new life and vigor, and in other respects be for the best, are to be made this season in one of our medical Colleges. We are glad to know that both our medical schools are prosperous, and both are exerting themselves to add to the interest and value of their courses of medical instruction. The improvement in medical teaching during the past twenty years has been very great, and the student of the present day has advantages for the acquirement of medical knowledge, which are vastly superior to those that were enjoyed by their present preceptors.

We trust that the time is not far distant, when we will be able to announce still another step on the part of our medical Colleges, viz., the estab-

lishment of hospitals in connection with them, or their attachment to hospitals that already exist. We look to an early adoption of this system.

The supplementary course of lectures in each school, on special departments of medicine, is of very great importance, and we trust that the facilities they offer for the acquirement of knowledge on subjects that do not otherwise come into the regular curriculum of study, will be fully appreciated and made use of.

Notes and Comments.

Private Medical Classes.

The several private associations for medical instruction in this city, have organized for a vigorous spring course. In this number will be found the cards of Drs. Hodge, Bolling. Hutchinson, Smith, Cheston, and Williams, of the "Philadelphia School of Medicine;" also that of Drs. George Pepper, Harrison Allen, William Pepper, and Edward Rhoads.

Dr. Hodge and his associates have one of the finest classes in the city, and have taken rank as leaders in this kind of medical teaching; and Dr. Pepper and those connected with him are all known as young men of decided ability and energy, and we bespeak for them favor and success.

Was it a "Consultation?"

A telegraphic announcement of the death at Georgetown, D. C., of Gen. Aaron Ward of Sing Sing, New York, says: "His disease was jaundice. He was attended in his illness by Drs. Ritchie and Tyler, of Georgetown, and Dr. McClintock of Philadelphia.

We can hardly think that this announcement is true, as it is well known that Dr. McClintock was expelled from the American Medical Association some years since, and he now holds a professorship in an irregular medical College in this city.

Gelseminum Sempervirens.

A correspondent writes, "Will some of your correspondents please give, through the Reporter, their experience with the *gelseminum sempervirens?*"

Aconite and its Alkaloids.

A correspondent says, "Will not some of your collaborators furnish for the readers of the Reporter, the results of their use of aconite and its alkaloids.

Gone Abroad.

Dr. Wilson Jewell of this city, has gone abroad, expecting to be absent several months. He first visits the West Indies, and then will take his departure for Europe, where he will make a pretty thorough tour of the Continent and of the British Isles. We expect to be favored with communications from him, and as he wields the "pen of a ready writer," his letters will, no doubt, be interesting and instructive.

Royal "Rheumatism!"

The latest news from England is to the effect that the Princess of Wales has been ill, very ill, of—well, *rheumatism!* The "pains" were "short, sharp, and decisive." By the last bulletin, the mother and *daughter* were "as well as could be expected;" and all England was rejoicing at the recovery of the "daughter of the sea-king"—from "rheumatism," of course! It is the third time the Princess has had "rheumatism,"—the first two were boys!

Summer School of Medicine in Washington, D.C.

The Summer School of Medicine in Washington, D. C., commences its sessions on the first Monday in April, and continues till July. It is conducted by Drs. F. Howard, J. H. Thompson, J. Eliot, and R. Reyburn. There are four lectures and examinations each week. Fee, $50.

The Galaxy.

This interesting fortnightly magazine has deservedly taken a prominent rank among the popular serials of the day. It is issued in very attractive style, and its contents are varied and interesting. There is now in course of publication in it, a work of fiction that is attracting much attention. It is entitled, "Waiting for the Verdict," and is written by Mrs. Rebecca Harding Davis, formerly of Wheeling, West Virginia, now of this city, who has lately made a very successful beginning as a fiction writer.

☞ We have received a letter, directed to our care, for Dr. E. S. Smith, late Assistant Surgeon at Satterlee Hospital in this city. Can any one give information as to his present place of residence?

Confirmations by the U. S. Senate.

To be Medical Storekeepers—George Wright, G. T. Beall, A. V. Cherbonnier.

To be Chief Medical Purveyor, with rank of Lieutenant-Colonel—R. S. Satterlee.

To be Assistant Medical Purveyors, with rank of Lieutenant-Colonel—C. McDougal, E. H. Abadie, R. Murray, C. Sutherland.

To be Surgeons—C. Wagner, J. P. Wright, C. C. Gray, W. C. Spencer.

Correspondence.

DOMESTIC.

My Professional Code of Ethics.

Editor Medical and Surgical Reporter:

I. In cases not seriously ill, make frequent visits, and tell the family, and whole neighborhood, that the patient had *three* fevers, and was in great danger.

II. In cases where life is in danger, discourage the patient by words and action; and finally abandon the case as incurable.

III. All cases annoying, difficult and protracted, permit no consultation.

IV. In "operations," "accidents," and "interesting cases," publish in the newspapers, instead of medical journals,—mentioning the name of the patient, and *all* the physicians present.

V. In consultations, try to be at the house first, and examine the patient and medicines, before the arrival of the family physician. Give the family to understand by significant wagging of the head, that you differ in opinion decidedly. Assume the attitude of a croaking bull-frog, when the brother physician enters the room, and begin to argue and lecture in the hearing of all present. Mention that of one hundred and thirty-nine cases treated by you, but three proved fatal; that these were first in the care of other physicians.

VI. When unavoidable accidents occur—such as happen to all—in operations, by chloroform or otherwise, lose no time in instituting meddling inquiries, and babble the little or nothing you know of the facts, to all the loafers and gaping crowds you meet at the street corners or highways, not forgetting the old women.

VII. Have no regard for the reputation of the attending physician, and try to impair the confidence reposed in him, in every way possible.

VIII. Do not neglect to pass frequently by the house where other physicians are attending members of the family, and make inquiries of any you meet near the premises concerning the sick.

IX. Never offer, or resign a patient to the attending or family physician, when called in on an emergency, or during the absence of the attendant.

X. In the medical, as in other professions, controversies and contentions arise, the nature of which make known to the public without delay.

XI. Avoid all social intercourse with medical brethren who converse on medical topics.

XII. Associate with such only as neglect their professional affairs and turn horse-jockeys, or keep stallions.

XIII. Charge one-half the rates of other practitioners, and collect no bills.

XIV. Article VI of this code is not enforced, when the parties are physicians about *twenty* years behind the age, owing to being born stupid, or being too *indolent* to study.

Code.

Lehigh co., Pa., Feb. 27, 1867.

News and Miscellany.

COMMENCEMENTS.

Bellevue Hospital Medical College.

The commencement exercises of the Bellevue Hospital Medical College, took place at Steinway Hall on Thursday evening Feb. 28th. The stage was occupied by the Faculty and Trustees of the Institution, and invited guests, while the auditorium was crowded by the friends of the College and the graduates. After prayer by the Rev. Alfred B. Beach, D.D., Chaplain of the College, Prof. Isaac E. Taylor, M.D., President of the Faculty, conferred the degrees upon the following gentlemen, members of the graduating class.

Connecticut—Frederick Farnsworth, Royal Lacy Higgins—2.

Delaware—John Greene.

Georgia—James Robie Wood, Chas. Llewellyn Williams—2.

Indiana—Heber McKendree Harvey, John Harlan Stuart, Hugh Dyosephus Wood, Wm. Robert Davidson, Ferdinand W. Beard, John Wesley Gray, James Arthur Adrian—7.

Illinois—Lemuel Tibbitts, Garner Horace Bane, Chas. Kelly Gifford, Chas. Wesley Higgins, John Henry Belt, Milo Adams McClelland, Henry Condet Barrell—7.

Iowa—Matson Van Buren Howell, Oscar Edwin Deeds—2.

Kansas—Joseph Lyman Prentiss.

Kentucky—Beel Greene, Owing Guerrant, Sanford Thos. Wren, Josiah Allen Jones—4.

Louisiana—Elisha Harrison Laycock.

Maine—Edward Freeman, John Wayland Woodman, Winfield Scott Hill, Thos. Simon Fitch, Wm. Brooks Swasey—5.

Massachusetts—Byron Levi Chamberlain, Seabury Warren Bowen, James Chas. Ryan—3.

Mississippi—Harris Burnet Osborne, John Hall Gibbs—2.

Michigan—Patrick Martin, John Parker Stoddard, Henry O. Walker, Thomas Allen Fairbairn—4.

Minnesota—Richard Dubois Fraver.

Missouri—Wm. Henry Evans, Benj. Allen Watson—2.

Nebraska—Wm. Davis.

New Jersey—Silas Byron Tompkins, Abel Sheppard Filsworth, James Simmons Conover, Janson Beerner Mattison, Frederick Rorback—5.

New York—Henry Mitchell, Nicholas Henry

Freeland, David Benjamin Walker, George Crowe, Bradford Smith Thompson, Jacob David Wurts, Thomas Mackaness, Ludlow Chrystie, Thomas Andrew Brady, John Henry Herrington, Walls Buel, James Thomas Knisler, Ira Wilcox, Jacob Kellogg Smith, Charles Forrester Roberts, Read Jennings McKay, David H. Decker, Alex. Joseph Rooney, Henry Powers Miller, Joshua Ware Read, Joseph Dennison Keyser, William Tibbitts, Peter Rouse Cortelyou, Thomas Brinsmade Heinstreet, Samuel Blume, Chas. Case Bradley, Wm. Henry Corbussen, Robert Hathaway, John J. Brinkerhoff, Chas. Austin Woodruff, John Doran, Williard Birney Henson, Alvin Button Rice, Henry Clay Wilber, George Ransom Kent, John Jacob Edie, William Joseph Purcell, John James Montgomery, William S. Watson, Sheldon De Forest Lord, Albert Strang, Joseph Cushman, James Sweeney, Edwin S. Belden, Wm. O'Donald, Joseph T. C. Lamb—46.

Ohio—Lee Chester Raymond, Samuel Hart, Frederick Buckbill McNeal, Jesse Snodgrass, Lester Augustus Elster, Reuben Aleshin Vance, Wm. Benjamin Cardwell, John Rush Evans, Enos Hahn, John R. King, Hubbard Cooke—11.

Pennsylvania—John Adams Rodger, Richard Moore Crain, Samuel Joseph Patterson, Gen. Washington Burkitt, Elmore Horton Wells, Jesse East Banman, Wilson Peter Kustler, Rees Davis, John Stewart Carr, James Calhoun Brobst, Charles Detwiller Martin, Jonas L. Kline, George Rodger Kauffman, Wm. L. Lawn—15.

Tennessee—Elliot Benjamin Smith, Josiah Thompson Mathis—2.

Virginia—Wm. Chambers Schultze, Charles Otto Viers—2.

Vermont—Lorenzo Weeks Hubbard, Russell Thayer Johnson, John Munroe Winslow, Orswell Asker Wheeler, Daniel Franklin Cooledge—5.

Wisconsin—Emery Stanbury, Augustus Harrison Salisbury—2.

District of Columbia—Joseph Faber Johnson.

British Provinces—David Keagley, Friend Richard Eccles, Wm. Graham, Alex. D. McDonald, George Peter McClelland, Robert Aberdeen, James McNeil, Charles Heman Masten—8.

Total, 148.

The address to the graduating class was then delivered by John G. Saxe, LL.D. Mr. Saxe announced that with little severity and with no pretence of erudition he should discourse briefly on several topics suggested by the correlation of physician and patient. He said that our debt to the medical profession is one far beyond the measure of any pecuniary reward, and one which it is profitable to consider, and simply just to acknowledge. The annoyances and discouragements of the profession were nearly as obvious to intelligent laymen, as to the profession itself. One of the principal of these annoyances, he ventured to assert, is the unreasonable expectation of patients and their friends, founded, for the most part on erroneous apprehensions of the office and scope of the medical art. To illustrate this point he quoted the humorous testimony of Dr. Holmes. All patients are not thus unreasonable, yet but few of us understand what is the true office of the physician and the necessary limit of his art; that the word "cure" is really entitled to small significance beyond that of the Latin *cura* (cure) from which it is derived; that Nature cures the disease when it can be cured at all; and not the doctor, who is commonly her useful—often her potent—and sometimes her indispensable ally. A few years ago an English practitioner presented a bill to a widow for services rendered her deceased husband, in which the word "cure" was employed in its original and appropriate sense. There was in the account but one item preceding a modest sum in pounds, shillings and pence, which read as follows:

"To curing your husband till he died."

Closely associated with the popular error touching the *cure* of disease, is the popular faith in the potency of drugs; and for this, patients and their friends are not without their responsibility. A natural, but not quite reasonable feeling, that the doctor is not making sufficient battle with the enemy unless he meets her with a bristling array of offensive weapons, will account for many a case of over-drugging, as well as for the exhibition of many a *placebo*, as the doctors call their bread pills, which it is said they sometimes administer in place of the more potent pellets of the pharmacopœia. We are *all* fond of heroism, even in physic; and brave doses and portentous appliances favor the idea of magnificent results. From this infirmity not even the believers in homœopathy are free. We could imagine no discouragement which beset medical men, especially the young practitioner, to be more vexatious than the readiness and frequency with which, by people of otherwise rational conduct, ignorant quacks are employed in preference to honest and intelligent physicians. The man who would not trust an inexperienced cobbler to fix his boots, will often trust to "a natural bone-setter," the mending of his leg; that is to say, a charlatan wholly ignorant of its anatomy. In all other arts or professions, in all the common offices of life, talents, education, and experience are held at their proper value. Strangely enough, it is only in medicine, the most important, the most difficult, and, in incompetent hands, the most dangerous of all arts, that men are presumed to possess knowledge by intuition, learning without labor, and skill without practice! Nevertheless, the prosperity of the quack is commonly transient, while the man of science, educated power, and acquired skill, receives at last, though tardily, the public acknowledgment of his talents and services. Mr. Saxe closed with an elegant tribute to the services of the profession.

To the graduating class he said:

Gentlemen: I have no homily to read you touching the solemn responsibilities which you assume with the practice of the noble profession you have chosen. This is the prerogative of those who, by professional learning and experience, are clothed with that authority which alone can give weight to admonition or sanction to the counsels of prudence. Nor can it be needful to remind you of what you are more likely than the most thoughtful of laymen to have considered—that your profession offers few opportunities for early reputation to the practitioner; that you are to achieve high and permanent honor, not suddenly,

by brilliant exploits, but slowly, by patient continuance in well doing." Let me offer you, rather, words of encouragement and congratulation. If the age is exacting in its demands on the medical student, it is also abundant in aids and resources—of which I may name as among the most important those numerous mechanical helps which give facility and certainty to the diagnosis of disease. Especially let me congratulate you on the possession of those marvellous agents of Anæsthesia—the most valuable discovery of an age prolific of useful and brilliant invention—by which the surgeon and physician are enabled to save many lives, and which have invariably enhanced the power of the profession in its most extended province—the alleviation and prevention of human suffering. Thus adopting the strategy of the profession he addressed, he gave his hearers many a pellet of wisdom, cunningly sugar-coated with the humorous element in his discourse. That it was a palatable dispensation was evident from the frequent applause which broke out enthusiastically on the stage, or occasionally rippled across the hall.

F. B. McNeal M. D., of the graduating class, was Valedictorian. His address was a well-worded acknowledgment to the Faculty of their efficient and pains-taking instruction, which had fitted his class for the responsible duties of the career they had chosen; and together with a recognition of the encouragement of friends, and an address to his fellow-graduates, he closed.

The exercises were materially enlivened by the fine music of Mr. Bergman's excellent orchestra.

The University Medical College, New York.

The annual commencement of the Medical Department connected with the University of New York took place on Friday evening, March 1st, at the University building, opposite the Washington Parade Ground. There was a large attendance. Chancellor Ferris presided, and he was assisted in his duties by the Faculty.

The degree of Doctor of Medicine was conferred on the following gentlemen:

Alabama—J. M. Clopton, J. T. Learcy, W. Hester—3.

Connecticut—W. F. Sanford, A. B Sturges.

California—G. E. Sherman.

Florida—J. G. Shuttleworth.

Minnesota—Eugene C. Rogers.

Massachusetts—Wm. Branscomb, H. C. Houghton, H. R. Macomber—3.

Maryland—J. B. Webster.

New York—Samuel Ayres, J. H. Benedict, Fred. Bomer, S. W. Classen, J. Denniston, S. A. Foster, H. M. Greene, H. D. Grindle, J. F Henry, J. E. Heyden, G. V. Hudson, F. R. Kniche, L. C. Mitchell, M. M. McDonald, P. J. O'Malley, F. J. Randall, O. A. Rieffell, H. Ricabay, R. H. Robinson, O. T. Sherman, L. Spannhake, A. W. Stein, J. D. Sullivan, D. D. Toal, L. C. Warner, J. C. Cooke, M. H. Shaffer, J. W. Ferris, F. L. R. Satterlee—29.

New Hampshire—D. M. Edgerly, E. A. Knight, C. W. Stanley—3.

New Jersey—T. B. Dawber, P. A. Callan, A. A. Ransom, B. Wilson—4.

North Carolina—F. C. Brun, W. Debnam, W. H. Johnson, H. C. Walkup—4

Oregon—R. H. Lansdale, J. F. McAfee.

Pennsylvania—J. F. Arnold, F. McCammond, H. A. Hart, H. Purcell—4.

Rhode Island—W. E. Anthony.

Virginia—J. F. Bryant, J. H. Cochran, D. B. Edwards.

British Provinces—D. B. McBean, A. M. Ring, W. J. G. Dawson, J. C. Howe, Chas. Inches—5.

West Indies—G. P. Raminez, R. R. Martinez, E. A. Sansory Leon.

Costa Rica—J. de J. Flores, F. M. Legreda.

Syria—K. Rulnyean, J. Wortabet, J. M. Chumkyan. Total, 75.

The subjoined were recipients of certificates of honor for having attended a fuller course of instruction than that usually followed by students:

J. M. Benedict, N. Y.; F. C. Brun, N. C.; P. A. Callan, N. J.; W. J. G. Dawson, N. B.; J. W. Ferris, N. Y.; J. de J. Flores, Costa Rica; H. D. Grindle, N. Y.; Wm. Hester, Ala.; J. C. Howe, N. B.; G. V. Hudson, N. Y.; W. H. Johnson, N. C.; P. J. O'Malley, N. Y.; O. A. Rieffell, N. Y.; F. L. R. Satterlee, N. Y.; J. T. Learcy, Ala.; F. M. Legreda, Costa Rica; O. T. Sherman, N. Y.; G. E. Sherman, Cal.; A. B. Sturges, Conn.; D. D. Toal, N. Y.; H. C. Walkup, N. C.

The prizes were distributed as follows: Mott medals, perpetuated by will of the late Valentine Mott, M. D., LL.D. Eugene C. Rogers, of Minnesota, was awarded the gold medal for the best anatomical preparation; Jos. H. Benedict, of New York, received the silver medal for proficiency in the same studies, and the bronze medal was given to Charles Inches, of New Brunswick, for best report of lectures of one of the professors. Loomis prizes: First, post-mortem case of instruments for the best report of Professor Loomis's clinic for the session just closed, to Wm. H. Johnson, of N. C. Second, pocket case of instruments for second best report of same description, to James T. Learcy, of Ala. Budd prize cases of obstetric instruments for best examination in obstetrics, to Juan de J. Flores, of Costa Rica, and Wm. H. Johnson, of N. C. Roosa prize for best report of Prof. Roosa's clinic, to Jas. T. Learcy, of Ala. Weisse prize for best report of clinic, to Wm. White, of Va. Buttles prize for best report of Prof. Budd's lectures, to Charles Inches, N. B.

At the conclusion of the exercises, the graduates and their friends adjourned to the corner of Seventeenth street and Broadway, where the class supper was partaken of. Speeches were made, and the whole affair was most enjoyable to those present.

Irregularity of the Mails.

This is a subject on which we have, of late, had a good deal of cause to complain. In the Pennsylvania Legislature, lately, on motion of Mr. White, "a committee of three was appointed to inquire into and report upon the irregularity in the transmission of mail matter."

Potent Disinfectant.

The *Dublin Medical Press* states that Dr. DE WAR, Kircaldy, has discovered that "for the disinfection of inanimate material, the addition of a little nitre to sulphur, and the combination of these fumes with the steam of boiling water, improvises a disinfectant at once the most powerful, most searching, and most efficacious that can be obtained, utterly destructive at once of any latent contagion, and of every form of insect life."

—— The London *Lancet* is in doubt what to call several young ladies who recently passed an examination for admission to the Society of Apothecaries. It suggests "apothe-caresses" as an appropriate title. The successful passage of their examination might be styled the apothe-o'-sis.

It took the *London Lancet*, and the *Evening Bulletin* of this city, together, to concoct the above.

MARRIED.

JARRETT—GLENN.—By the Rev. B. F. Myers, Jan. 30th, in Bethel Church, Dr. Martin L. Jarrett and Miss Fannie Glenn, both of Harford co., Md.

MITCHELL—LEEDS.—Feb. 28th, at St. Mark's Church in this city, by the Rev. Dr. Leeds, J. Sidney Mitchell, M. D., of Chicago, and Helen, daughter of Joseph Leeds, Esq., of Philadelphia.

NASH—PARKER.—Feb. 21st, at the residence of the bride's father, Norfolk, Va., by the Rev. N. A. Okeson, Dr. Herbert M. Nash and Miss Mary A. Parker, daughter of Nicholas W. Parker, Esq., of that city.

REYNOLDS—HULTON.—At the residence of the bride's parents, Feb. 21st, by the Rev. Dr. Preston, of Pittsburgh, B. F. Reynolds, M. D., late of Philadelphia, and Miss Alice Hulton, of Hulton.

YERGER—KENNEDY.—In East Waterford, Juniata co., Pa., on the 12th of February, by the Rev. D. J. Beale, Dr. C. K. Yerger and Miss Lizzie, daughter of Captain James G. Kennedy.

DIED.

IRVINE.—In Warren co., Pa., Feb. 11th, Dr. IRVINE, a prominent physician, and at one time a politician.

KIRK.—In East Waterford, Juniata co., Pa., Feb. 13th, Dr. Joseph Patton Kirk, formerly of the United States Navy, aged 54 years.

MCCANDLESS.—In Pittsburgh, Feb. 25th, Lizzie Maud, only daughter of Dr. J. G. and Emma McCandless, aged 18 months.

PETHERBRIDGE.—Feb. 23, of typhus gravior, at the United States Barracks, Carlisle, Pa., in the hope of the Gospel, Colonel John Budd Petherbridge, M. D., U. S. A., in the 41st year of his age.

REYBURN.—On the 23d inst., at Georgetown, D. C., Jennie Langford, aged 8 years, second daughter of Brevet Lieut. Colonel Robert Reyburn, Surgeon U. S. Vols., and Catharine Reyburn, late of this city.

OBITUARIES.

William Johnson, M. D.

Died at his residence, Whitehouse, N. J., on Sabbath morning, 13th ult., William Johnson, M. D., in the 78th year of his age.

If "the memory of the just is blessed," how fragrant must be the memories that cluster about this faithful servant of God, who has been gathered to his fathers as a shock of corn fully ripe! A member of the Reformed Protestant Dutch Church of Rockaway for more than fifty years, and for much of that time a ruling elder, with interests and sympathy identified with the cause of Christ, the decease of this "beloved physician" shrouds the Zion of God with gloom.

No man loved the ordinances of God's house and the prayer meeting more than he, nor was any ever more punctual. He realized the power of prayer and its necessity, and with rare gifts of utterance in this exercise he delighted to lead the devotions of the people of God, which he did with singular ability and fervor.

Amid the distracting scenes through which his church has been called to pass, he never forsook his post, but stood like a faithful servant, encouraging the despondent, counselling the erring, and praying with the hopeful few. He lived long enough to see the consummation of his wishes and the answers to his prayers. He lived to see his church a revived and united church, stronger in spiritual and temporal things than ever before, and to be able to say, with the aged Simeon, "Lord, now lettest thou thy servant depart in peace, according to thy word; for mine eyes have seen thy salvation." V. S.

The above, copied from the *Christian Intelligencer*, speaks of Dr. JOHNSON as a religious man. It was our pleasure to know him for many years as a medical man, and as a contributor to the medical literature of the country. The columns of the NEW JERSEY MEDICAL REPORTER and of this journal have been often enriched by practical contributions from his pen. He had extended and varied experience as a practitioner of medicine, being often thrown upon his own resources in important cases, but was always found equal to the emergency.

If his contributions to medical literature were collected into a volume, they would make a useful addition to our libraries.

Walter M. Stewart, M.D.

The following resolutions were passed at a meeting of the Hospital Association of this city.

Resolved, That we have heard with deep regret, of the death of Dr. WALTER M. STEWART, an active member of this Association.

Resolved, That in Dr. STEWART we always recognized a polite and agreeable gentleman, an earnest and indefatigable student, and an ardent lover of his profession, often laboring for the alleviation of human suffering, when he himself was borne down by the disease which terminated in his early death.

Resolved, That we tender to the family of Dr. STEWART, our deepest sympathy in their bereavement, and assure them, that we will ever tenderly cherish the memory of our late friend and associate.

Resolved, That a copy of these resolutions be forwarded to the family of the deceased, and published in the medical journals of this city.

Committee—Drs. WILSON, JENKS, and BARTLES.

METEOROLOGY.

February,	18,	19,	20,	21,	22,	23,	24.
Wind	W.	N.	N. E.	N. E.	N. W.	E.	N. W.
Weather	Clear.	Clear.	Cl'dy. Snow.	Cl'dy. Snow.	Clear.	Cl'dy. Snow.	Cld'y. Rain.
Depth Rain				14 in.			
Thermometer.							
Minimum	38°	36°	28°	23°	25°	26°	37°
At 8 A. M.	39	43	27	26	32	24	45
At 12 M.	48	50	29	33	39	35	52
At 3 P. M.	49	52	30	34	39	35	52
Mean	42.25	45.25	28.50	29.	33.75	30.	46.50
Barometer.							
At 12 M.	30.2	30.2	30.1	29.9	30.2	30.2	29.9

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No. 920 Chestnut Street, Philadelphia.

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HORACE WILLIAMS, M. D.

THE PHILADELPHIA SUMMER SCHOOL OF MEDICINE will begin its third term on March 1st, 1867, and students may enjoy its privileges without cessation until October.

The regular course of *Examinations* and *Lectures* will be given during April, May, June, and September, upon

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SURGERY, OBSTETRICS,
CHEMISTRY, MATERIA MEDICA,
PRACTICE OF MEDICINE.

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WINTER COURSE OF EXAMINATIONS will begin with the Lectures at the University of Pennsylvania in October, and will continue till the close of the session.

Candidates for admission to the Army and Navy, and those desiring promotion to a higher grade, may obtain the use of the class-rooms, and be furnished with private instruction.

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THE

MEDICAL AND SURGICAL REPORTER.

No. 524.] PHILADELPHIA, MARCH 16, 1867. [Vol. XVI.—No. 11.

Original Department.

Communications.

ON CHOLERA:

Delivered before the Philadelphia County Medical Society.

By Robert Burns, M.D.,

Of Frankford, Pa.

* * * * * * * *

In giving my experience in this disease, I would premise that I have but little to offer; neither do I claim any superiority in the treatment of it over others, who have had, perhaps, more extended knowledge and opportunities.

In 1832, while a student of medicine, and being intimately acquainted with Dr. Samuel Pickering, a physician whose memory I treasure, I had under his supervision some charge of a small cholera hospital, where first I had opportunities of seeing and treating this disease. Unfortunately, however, the cases admitted there were in the last stages of the disease, and but few instances of recovery were upon its records. Throughout the community there were, however, some remarkable cases of recovery under general and local depletion, and mercury with opium. At this distant period I cannot particularize, but a strong impression was made on my mind, and a resolve, that should the disease ever occur, I would endeavor to mark out some rule of action as a guide for myself. The disease was new in this country, and its pathology not well understood, consequently, there was much vagueness and latitude given the mode of treatment, and all kinds of empiricism had their rise and fall. Contagion and non-contagion then, as well as now, exercised the minds of the profession and the people, and each had its individual adherents. The disease at that time fulfilled its melancholy mission, filling thousands of graves with its victims, and leaving behind their mourning and heart-stricken relatives.

Again, in 1849, our country was severely visited by this messenger of death. At this time I had been ten years in the active duties of our arduous profession, and after days and nights of close and serious reflection upon the character of the disease, my former resolves, to carry out a course of treatment satisfactory to my own mind, founded upon such pathological views as would serve as a basis to be kept in view as a guide to treatment, were strengthened. These may not be entirely reliable, but, as has been already said, they were adopted for my own government.

I will not at this time enter upon the history or etiology of cholera, which would only be a repetition of the labors of others, and best obtained from the writings of those who have devoted much time and attention to these particulars. Our chief object ought to be to examine into the pathology and treatment of the disease, that we may have principles to guide us in the event of its approach, and leave speculative and doubtful theories to those who have time and inclination to discuss them.

The question of contagion and non-contagion is one of great practical importance, and in the present state of medical opinion I do not think it well to be uncompromisingly committed to one side or the other. There has been abundant evidence to show that direct contagion has been produced from an idio-miasm, or emanations from the decomposition of the ejections, whether from animalcule life, or other elements of decomposition, carried by respiration into the blood, producing a poisonous shock upon the nervous system. On the other hand, its sudden appearance in certain places, and its equally sudden departure, would favor the idea of koino-miasm, or epidemic influence, from sources independent of the human body. Could it be possible for so powerful a morbific poison as cholera to be carried through the atmosphere, from continent to continent, over immense oceans holding their integrity amidst the continued changes and tempests of the atmosphere? On the other hand, has it not been found that the traveller and his effects from crowded and filthy, ill-ventilated ships, has carried from place to place the idio-miasm, which has found pabulum in the filth of localities, or in constitutions predisposed to disease, or an atmosphere favorable to its propagation? I cannot but consider the disease, primarily, conta-

gious; and secondarily, to a limited extent, epidemic, through a combination of circumstances favorable to its promotion. It is the opinion of some, that if it is declared to be contagious, universal alarm would pervade the whole community, and the sick would be deserted. I think otherwise; for if it is understood that when judicious quarantine, cleanliness, and disinfectants are properly applied, the disease may be restrained and isolated, will the idea not be more satisfactory, than to know that the unseen but poisonous cloud floats to and fro, and no human foresight can tell where it may rest?

But I must hasten on to a more particular consideration of the disease, in its practical bearings.

In 1849, I observed the disease then, as in 1832, ushered in by a painless diarrhœa, nausea, debility, oppression, loss of appetite, coated tongue, anxiety, and a disposition to perspiration. In a shorter or longer time, this state, which is called *cholerine*, became aggravated, and the symptoms of true Asiatic cholera set in.

* * * * * * * *

Much more might be said descriptive of the disease, but before leaving this part of the subject I would add, that the internal venous engorgement is excessively great. If a vein is opened, it remains patulous. If blood appears at the orifice, it is almost black, or so exceedingly dark as to bear this resemblance. It is not long before death terminates this state of things; the body afterwards often retaining the position of parts produced by the severe spasmodic contractions. The records of *post-mortem* examinations have shown the most extensive venous engorgement. This leads me now to give the pathological views I entertained of the disease in 1849, which I will endeavor to do in as few words as possible.

It is evident the peculiar poison is first inhaled and enters the blood through the lungs, and the nervo-ganglionic system sustains a shock, which so deranges the whole organism, that every function becomes deranged; the action of the heart is weak and irregular, the lungs are overloaded with blood, which not being properly aerated, is highly carbonaceous, thick and very dark in color. The pulmonary veins not able to empty the blood sufficiently into the left ventricle, there takes place a stasis in the vena cava ascendens and descendens, hence the cerebral sinuses are overloaded with venous blood, impairing its functions, and exercising great pressure upon the brain, disturbing the powers of both mind and body. The liver and the kidneys are on the same principle overloaded and so oppressed, that bile or urine are improperly eliminated, the functions of absorption and secretion are both in a proper sense suspended; hence, there is not the separation of effete materials from the blood, and it every moment becomes more deteriorated. The arterial circulation is very feeble, the left ventricle and pulmonary artery doubtless contracting their walls by spasmodic action, the result of a deficient supply of blood, and by this want of vitalizing blood, the nervous and ganglionic systems are no longer able to keep up the equilibrium of life; the muscular system is thrown into irregular action, producing powerful contraction and pain, as well in the interior as the exterior of the body; hence, increased peristaltic and anti-peristaltic action in vomiting and diarrhœa. If absorption and secretion are in a great measure suspended, how shall we account for the rice-water discharges and excessive perspiration? The former, especially, engaged my attention exceedingly, and I endeavored to account for it in the following manner:

The chyle and lymphatic fluids are absorbed in the intestinal canal, pass through the lacteal vessels into the thoracic duct, which mounting along the spine, empties its contents into the left sub-clavian vein. Here, the blood, which we have said is dense, and in feeble circulation, presents the lighter fluid entering, and by a retrograde movement it is passed back into the intestines, by what may be termed exosmosis, constituting the peculiar milky discharge. By the same means I believe the excessive perspiration to be produced, causing waste of tissue. I cannot think the alvine fluid to be secretion, or entirely epithelium separation. These views may be sharply criticised, or be erroneous, yet, I must respectfully submit them as peculiar to myself, and part of that theory which has heretofore guided my practice; willing, however, at all times to submit to the light of truthful science. On this basis we can certainly account for the extreme emaciation and prostration of strength so striking in cholera patients. If the above pathology be correct, what course of treatment must be pursued? I answer for myself,—that which was proved to be more successful than any other in my hands in 1849, viz., bleeding and calomel, the chief, in combination with other secondary means, graduated according to circumstances. In mild cases, even, these potent remedies were demanded.

On opening a vein in cholera patients the blood may not flow, and why? Because it is pent up in the large venous trunks near the heart, overpowering its action, and almost extinguishing the pulse. The blood from the orifice flows only guttatim, by perseverance, at the same time using

some stimulants internally and externally, the flow quickens, and presently, if the case is not hopelessly incurable, a small stream projects, the heart becomes relieved, the pulse rises, sometimes even forcibly, the color of the skin changes, the absorbent and secretory powers are again called into action, and then it is, that medicines may be expected to do good, and according to my experience, not until then. We see this principle illustrated in other affections, when venesection is required to give efficacy to the medicine. This I have observed in dropsies, constipation, retention of urine, and many other local diseases; but I have never seen the verification of these principles so strikingly exemplified as in cholera. Often have I seen a patient in the agonies of spasm and cramps safely relieved in half an hour. This was my own personal experience in 1849, when seized in the night by the disease. My limbs had a death-like, cold, clammy feeling, muscles cramped, stomach sick, bowels relaxed, and circulation oppressed. I called my wife, had a bandage procured which she tied for me, and I took blood freely. This was followed by delightful sensations; the extremities became warm, perspiration ceased, the cramps subsided. Ten grains of calomel, with two of opium followed by castor oil, completed the cure, and in two or three days I was well. What produced this relief? I answer, the liberation of the circulation, and evacuation of the liver. Having thus realized the correctness of my pathology, I adopted the same treatment, with such modifications as the cases required. Daily, from the 24th of June until the 10th of August, while cholera prevailed in our neighborhood, did I use this plan of treatment. One remarkable case, was that of a woman about 60 years of age. She was almost in articulo mortis; hands and fingers blue and corrugated, severe cramps, constant sickness and vomiting, rice-water discharges, sunken features. Her case seemed hopeless. I bled her; a single drop of black blood came to the orifice; bottles of water were applied to the extremities, and sinapisms to the epigastrium, spine, and other parts, and small portions of brandy given at short intervals. During the time the ligature was kept on the arm, the blood flowed drop by drop, friction was diligently used beyond the bandage, the drops flowed in quicker succession, and at the expiration of half an hour a stream projected. After awhile the current increased, and then was marked the change produced on the circulation. As soon as the blood flowed freely the color of the hands changed, the breathing improved, and the pulse became distinct. Calomel, opium, and camphor, followed by castor oil, in a short time brought about the recovery of this old lady; of course, accompanied with careful nursing and proper regimen, which must be carefully attended to. I might cite many cases of this nature, but I am admonished to proceed with some details of the treatment.

Many cases of cholerine are of a mild character from constitutional vigor or mildness of the poison; still, they require watching, inasmuch as this is the first stage of the disease. The diarrhœa and state of the liver, require to be attended to. For this purpose I have given the following pills:

℞.	Mass hydrarg.,	℈iss.
	Ext. catechu,	℈ij.
	Pulv. opii.	gr. v.
	Pulv. camphoræ,	℈ss.
	Capsici,	gr. v. M.

Ft. Pilul. No. xx.

Sig. One to be taken every half hour or at longer intervals, according to the urgency of the diarrhœa, until it ceases. Then allow the bowels to rest, using at the same time, a bland but nutritious diet, as, bread and milk, boiled rice, or other farinaceous diet, beef tea may also be used, a little spiced and seasoned with salt. During this stage, the usual wholesome articles of diet I think better than being too abstemious. A spiced or mustard plaster over the whole abdomen likewise affords some comfort. The following day a dose of castor oil may be given, after this has operated, should the bowels be over much disturbed, a few more of the pills may be taken. If sickness of stomach comes on, I would use the following mixture in connection with the pills.

℞.	Chloroform,	
	Ol. terebinth.,	āā f.ʒij.
	Pulv. camph.,	℈i.
	Pulv. acacia,	ʒij.
	Tinct. lavenduli comp.,	f.ʒss.
	Mist. amygdalæ,	f.ʒv.

Ft. Mistura.

Sig. A teaspoonful to be given every hour or half hour, or as needed, until better.

Should these means fail in producing decided relief, and the disease advance into the second stage, I would open a vein and take blood until it flowed freely, judging by this, more than by quantity, which must be determined by the nature of the case. As the pulse rises the cramps will be relieved, and much comfort experienced by the sufferer. Some stimulant may be given, as milk punch, or brandy and water. The thirst, which is great, may be relieved by keeping constantly in the mouth, small pieces of ice, instead of drinking water, which is immediately rejected, because taken so greedily and in too large quantities. After bleeding, I have given calomel ℈ss., with opium and camphor, each gr. iss., keeping sina-

pisms to the spine, abdomen, and extremities, which annoy but little, while the patient is very ill or in a state of collapse, but when, however, reaction takes place, the parts where they have been applied become very painful, which is a good indication. Sometimes I have seen them so days afterward.

It is, in my opinion, highly important to persevere with mercurials, as the above mentioned pills, or calomel, substituted for the blue mass, and at intervals the chloroform mixture, until the sickness of stomach and diarrhœa have subsided; then castor oil may be given, if this is, retained and operates, the stools will be found to be exceedingly bilious, which is the encouraging harbinger of recovery. Should, independent of all these efforts, the third stage advance, then indeed our efforts are very much circumscribed, and the case is almost hopeless, I say almost, but not altogether; there is yet one remedy left—*perseverance!* Even from this state I have seen recoveries, and that too from the much-dreaded *lancet.* Let it not be thought that this is overmuch inculcated in this paper. I only state, that what has been done can be done again; but I humbly hope and pray that the opportunity of doing so may never occur. But, if another and better course is shown to my mind, I will be among the first to adopt it for the good of suffering humanity. On examining my book, I find there recorded 98 cases of cholera, and out of these, there were 61 bled, and five deaths, making five per cent., and if all the cases of dysenteric character, with diarrhœa, cholera infantum, cholera morbus, colic, and disorders of a similar character were included, which at that time might be legitimately classed as *cholerine*, the aggregate of cases might be enumerated at about 200, within the periods of June 25th and August 10th. I subjoin the following particular notice of the fatal cases:

1. Mrs. Martha Brown, 30 years; in collapse, lived a few hours, not bled.

2. Mrs. Thomas, 60 years; a lady often complaining.

3. Rosanna Wilson, 40 years; a strong colored woman; two hours sick.

4. Mrs. Jackson, 35 years; a woman debilitated with child-bearing.

5. Jacob Hellerman, 60 years; a farmer, 24 hours sick.

Before concluding the subject, it might be well to say a few words in relation to the sick room, and a few other particulars which may be of some importance. The room ought to be well ventilated, no curtains allowed; as little carpeting as can be. The bed might be covered under the sheet with a gum cloth, to protect the mattrass, which is preferable to feathers; the patient's garments loose, the covering light; a single sheet or light coverlid being sufficient, there is so much intolerance of heat. Every article ought to be changed as soon as soiled and put into boiling water, to which might be added chloride of soda, chlorine water. The commode ought to have in it, constantly, charcoal, lime or its chloride, which ought to be exposed in open vessels in the room; and should any odor be disagreeable, a little diluted sulphuric acid may be from time to time added to it, to disengage the gas. The apartment ought not to be crowded, and every encouragement should be given to the patient to inspire confidence in the treatment, and trust in a wise and merciful Providence, who, although he afflicts, frequently blesses the means for relief.

* * * * * * * *

Cholera in 1866.

In my memoranda for April, 1866, I find noted the following:

The early part of this month has been rather cold, with high winds, some rain, and but little sunshine, until the 19th, when the temperature became pleasant, with warmth and vegetation coming forth slowly. The papers of the 20th report cholera in New York harbor, on board the Virginia, having 1080 emigrants from Liverpool, consisting of Germans, English, and Irish, the first-mentioned having brought the disease on board; on this vessel there were some 100 cases, out of which 38 died.

A few days before the 20th inst., it was reported that the ship England put into Halifax with cholera on board, where she was quarantined. The authorities of New York exercised prompt and vigorous measures, and the medical officers deserved the highest praise for their skill in the management of the disease and the arrest of its progress. In this place might be entered very interesting details of the disease up to the present, but time will not allow. Such valuable information is to be found in the medical journals of the time, both of New York and Philadelphia.

For the month of July the following memoranda are recorded: This month, especially in the first three weeks, has been unexampled for its extreme heat, the thermometer being as high, in the shade, as 102½ degrees, which produced a powerfully debilitating effect upon the people. This was followed, about the 20th or 21st, by a cool change, when the reaction became still worse, producing on the 22d, a number of

cases of cholera morbus resembling the Asiatic cholera, many having severe cramps, not yet the livid surface or rice-water diarrhœa. Diarrhœa with vomiting has been universal. The disorder seemed to have an intermittent character followed by extreme prostration and great tenderness of the bowels. This was particularly marked in persons of a bilious temperament, or who were in a state of debility. The cold stage was slightly marked, the fever moderate, but the sweating stage abundant, having an extreme degree of exhaustion resembling collapse. In some instances the cases seemed to approach a fatal condition, and had to be met with quinia, turpentine, brandy punch, besides blue mass, opium, camphor, catechu, piperine, or capsicum. Cases of this character were universal, and if diarrhœa was the precursor of cholera, the indications were that we would have a most devastating visitation of the much-dreaded disease. Fortunately, this was not the case, the diarrhœa being amenable to the forementioned treatment.

In the month of August the days continued hot, the nights and mornings cool. Diarrhœa with the intermittent type still continued, with some cholera symptoms. One case of this character I lost. He was a man, over 60 years of age, who literally lived on lager beer, and was seized with diarrhœa, vomiting, and pains in the abdomen; his liver and kidneys were in a state of congestion, ending with congestion of the brain.

* * * * * * * *

In some of my cases I have observed a chill to come on, followed by very violent fever, with unusually hot skin, which continued from one to several days, with drowsiness and diarrhœa, much thirst, dry tongue, rapid pulse, and intense inflammation; the fever declining, left much prostration, with a collapsed condition, copious perspiration, sick stomach, and vomiting. If this state was not arrested, the patient would sink into a very low condition with the next paroxysm; but large doses of quinia, with blue pill and opium, had a happy effect, and soon the patient was out of danger. Many complained of much heat and pain of bowels, the discharges vitiated bile, and sometimes dysenteric, and in some instances there were cramps of the extremities. According to my judgment, there was a choleraic tendency mixed with intermittent fever, making a most serious complication, demanding stimulants and anti-periodics, in my practice.

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In the week ending the 20th inst., (October,) there were five deaths from what was said to be cholera, four of which were in one family—these cases I did not see.

On Sunday morning I was called on to visit Dallas C., a healthy young man, 21 years of age; had served in the army throughout the rebellion and enjoyed good health. During the past week he had diarrhœa. On visiting him I found great stricture through the præcordial region, and much difficulty of breathing, darkness of skin, feelings of cramp, tossing himself in a very distressed and restless manner, pulse indistinct, feet and legs very cold, disposition to vomit, irritation of bowels. Tongue clean, or nearly so; odor that of cholera (which I had not the slightest doubt it was) advancing rapidly. I immediately ordered a bandage (10 o'clock, A. M.) and opened the median vein, which was small; the blood flowed slowly to the amount of an ounce, then ceased; it was of a dark color. By unremitting friction toward the orifice, it came more freely until it was caused to project, which it did in about fifteen minutes, and became of a brighter color; then he drew a deep inspiration and said he felt better. I allowed the blood to run until one pound three ounces were taken, when he said, decidedly, he was better. I then gave him ten grains of calomel, three of camphor, and one and a half of opium, in two pills, and ordered

℞. Chloroform,
Tinct. camph., āā f.ʒij.
" opii,
" capsici, āā f.ʒj.
Acaciæ et sacchar., q. s.
Aq. font., f.ʒii—f.ʒii. M.

A teaspoonful to be given every half-hour until easy. Sinapisms to the vertebræ and epigastrium; heat to the extremities; to drink sparingly.

12½ o'clock, noon. Much relieved, reaction established, color better, surface warm to the extremities, and pulse free, numbering 56. Ordered light gruel, or bread and milk, very soft, and continue the same medicine until disposed to sleep.

10½ o'clock, P. M. Has slept, taken nourishment; continued mixture; free from pain; has vomited three times, pulse 52, skin warm and moist, no cramps. Omit mixture and give one of the following pills every two hours.

℞. Mass hydrarg., gr. xxiv.
Pulv. camphoræ, gr. xii.
Opii, gr. vi. M.
Ft. pil. No. xii.

Oct. 29th, 10 o'clock, A. M. Has had a tolerable good night, and vomited only once; has had evacuation of the bowels, said to be free and natural in appearance. Has felt hungry, pulse 52,

feels no pain, has had slight perspiration, but says he feels weak. Continue pill every two hours.

10 o'clock, P. M. Has been quite comfortable. Complained of the effects of the mustard. His skin is natural and color good, although the pulse is only 48, but regular. Ordered broths and careful but generous nourishment.

On the fourth day after the attack he was about the house, and able during the week to attend to his usual business.

I do not doubt but this young man, judging from the severity of the symptoms, would in one or two hours have been beyond the reach of remedies, but being bled while the disease was in the incipient stage, congestion was relieved and circulation was restored to its normal condition, the hepatic system was called into action, the bowels properly evacuated, and a speedy recovery established.

TUBERCULAR MENINGITIS.

By A. B. Arnold, M.D.

(Read before the Baltimore Medical Association)

Reported by Dr. J. W. P. Bates.

It is well known that Laennec was the first who made the observation, that tuberculous deposits are occasionally found in the brains of children who die of phthisis. Numerous writers subsequently corroborated this statement, and it was further observed, that the presence of these granular bodies in the meninges, is a frequent complication of hydrocephalus. The merit, however, of having correctly interpreted this pathological condition, is due to an American physisician, Dr. W. W. Gerhard, of Philadelphia, who, while an interne of the Children's Hospital of Paris, in 1833, in conjunction with Dr. Ruff, made this disease an object of special study. These gentlemen found in 40 cases of acute hydrocephalus of children, in this Institution, which terminated fatally, that 39 presented tuberculous exudation in the brain and on its membranes. They hence, concluded that the disease in question was, in fact, a subacute inflammation of the cerebrum, superinduced by the deposit of tuberculous matter. They further asserted, that this disease is peculiar to children, and that an attack of pure or simple meningitis is so rare, that the exceptions need scarcely be regarded. The term tubercular meningitis, was, therefore, adopted as being more expressive of the nature and character of the malady. No one now disputes the correctness of these views, since the able researches of West, Rilliet, Barthez, Bichat, and Trousseau, have established beyond a doubt the relation existing between the granular deposits in the brains of children and the inflammation of the organ. In nearly all these cases, a marked scrofulous or tuberculous diathesis had been noticed, or in its absence one or both parents of the affected children had suffered under the same constitutional vice. This offers a sufficient explanation of those instances, where a number of children of the same family had been successively attacked at nearly the same age by evident cerebral inflammation, and, also, furnishes a clue to the intractable nature of the disease. But still, it leaves unexplained, why tubercles of the brain are found in *post-mortem* examinations, which, during life, gave hardly any indication of their presence. A similar want of correspondence between the pathological state and the symptomatology has been oftentimes observed in tubercles of the lungs in children, which were never revealed by distinct signs during life.

It is not my intention to give a description of the pathological anatomy of tubercles as they occur in the brain, for they present nothing peculiar in their appearance, manner of development, and disintegration. They have been found in every part of the brain as well as in its membranes. In the majority of cases they are met with in the form of the grey, transparent, miliary tubercle, which induced many authors to call the disease granular meningitis. These granular bodies seem to be seated principally in the pia mater. When the convexity of the cerebrum is invaded, the attack is more tumultuous and rapid. The course of the disease is also very violent and rapid when the yellow tubercle predominates. It is, therefore, rather the seat and form of the deposit than its extent, which is the measure of the intensity of the symptoms. Serous effusion in the arachnoid and the ventricles is not near as common in tubercular meningitis as the other inflammatory products, lymph and pus; a fact upon which Rilliet places great stress in his summary of the pathological distinction between this disease and hydrocephalus, with which it was formerly confounded. This observation is, however, of no practical importance, for the acute forms of both diseases show no difference in their symptoms. It is obvious that a meningitis occurring under the influence of the scrofulous diathesis, will, in general, be more chronic and the symptoms less violent than a simple meningitis. The slow and insidious development of tubercular meningitis is so characteristic of the disease, that it may well create a doubt whether it ever occurs in the form of an acute

affection. Hasse remarks that "it is altogether a very remarkable disease, puzzling in its symptoms, and liable to be taken for acute hydrocephalus." Typhus in children can with difficulty be distinguished from tubercular meningitis, and the latter is not unfrequently mistaken for the so called gastric remittent fever, worm fever, difficult dentition, and deranged digestion. If it be further borne in mind that the numerous morbific influences during the tender age of infancy are apt to kindle the latency of the tubercular process with all its deceptive and wide range of symptoms, there will be no exaggeration in the assertion, that the diagnosis is one of the most perplexing tasks which a medical practitioner can encounter. Children under one year are less liable to this disease than older ones. It is worthy of remembrance, that very slight causes frequently produce in infants very violent symptoms, which are of an evanescent nature, and convulsions take the place of delirium, which is not always indicative of a grave disease. Between the second and the eighth year seem to be the period in which children are most liable to be attacked by tubercular meningitis.

Instead of attempting an exhaustive account of the successive stages of this disease, or a full descriptive picture of the various symptoms it may present, I have transcribed a few cases from my note book.

Case I. A female child eight months old, lively, and apparently healthy, occasionally vomits, and becomes fretful and disturbed at night. A slight cough sets in, which sometimes assumes a croupy and suffocative character. This induced its mother to administer an emetic and to send for me. When I saw the child for the first time (Nov. 25th,) I found it lying quietly in its cradle. The face was pale, eyes closed, no fever nor heat of head, tongue clean, pulse normal, respiration calm, bowels torpid.

Nov. 26th. The bowels had been freely moved the previous night by calomel, and the child enjoyed a few hours sleep. The eyes were open and the pupil natural. The paleness of the face was remarkable. The child would sometimes raise its left arm which it slowly drops with a tremulous movement.

Nov. 27th. The vomiting has ceased, but the child is unwilling to take the breast and moans at short intervals. The flesh feels soft and flabby; the cough has increased, but I notice no stridulous breathing.

Nov. 28th. Slept well last night and was roused, with some difficulty, to give it the medicine. The head is somewhat warmer than at my previous visits; the eye-lids hang over the eye-balls; the color of the face has changed to a pale livid hue; cough trifling.

Nov. 29th. Nearly the same state of things; the moaning continues.

Nov. 30th. Lies motionless; pulse very slow and feeble; eyeballs are much sunken, and, on opening the lids are seen to be covered with shreds of mucus; hands clenched; the abdomen is flat.

Dec. 1st. Has not nursed since yesterday; frothy mucus gathers at the mouth; surface of body feels cool.

Dec. 2d. Sinking fast. Died the next morning.

Although the more marked symptoms of cerebral mischief were absent in this case, yet I gave a very unfavorable prognosis. The only interesting feature was the laryngismus stridulus at the commencement of the attack, which accords with similar observations made by Willshire.

Case II. On the 23d of October I was called to see a male child, 15 months old, who, according to the mother's statement, had wasted away within the last two weeks without her being able to account for it. It would often refuse the breast and had the habit of introducing its fingers into its mouth. It has some cough and the bowels act tardily. The father is troubled with hæmoptysis and cough. Several physical examinations of the child's respiratory organs were unsatisfactory. The only deviation noticed, was a diffused, fine rale in both lungs. The symptoms induced me to conclude that the child was affected with tuberculosis of the lungs. I ordered mild aperients, cod-liver oil, and the citrate of iron, and quinine. On subsequent visits I found less cough, but the wasting of the body still continued. On the morning of Nov. 9th, I was hastily summoned; was told that for the last few days the cough had almost ceased, but that the child became very restless, and had flushes of heat about the head and face, alternating with profuse sweats. During the previous night vomiting had taken place, which still persisted. The child looked very pale and its features had a pinched appearance. There was moderate fever but great thirst.

Nov. 10th. Vomiting still continues; the face becomes suddenly red, sometimes in blotches. On removing it from the cradle it is immediately attacked by decided muscular agitation, which seems to be the forerunner of convulsions. I am now convinced that the brain is seriously affected.

Nov. 11th. The child is much worse. Its head

feels very hot whilst the extremities are cool. The abdomen is retracted; slight attempts are made at vomiting; the eyes are firmly closed; it continually reaches with its hand to its head, and, at short intervals, utters piteous cries.

The next day chronic spasms set in, which were more marked on the left than on the right side. The eyes were wide open and had a fixed stare. This state of things lasted for the next four days, when death ensued on the night of the 15th.

This case, besides illustrating the hereditary tendency of tuberculosis, shows, also, that the deposit of tubercles in the brain had probably been preceded for a considerable length of time, by a similar deposit in the lungs.

Case III. I am now attending an infant, 13 months old, which for the past four weeks has presented the following set of symptoms, with hardly any variation except progressive wasting. There is persistent vomiting, although the child nurses well; the tongue is white and moist; the bowels are sluggish. Not the least febrile excitement has shown itself as yet, but the sleep is short and seldom. A continuous monotonous sighing, which hardly changes into a cry, is the most distressing symptom. There is slight strabismus, and the winking of the eyelids is sometimes strong and rapid, as though the palpebræ were affected with clonic spasms. About two years ago I attended a child somewhat older than this, in the same family, which succumbed under evident symptoms of tubercular meningitis. I am convinced that this case is of the same character.

Case IV. A scrofulous looking girl, six years old, was brought to my office. She had complained for some time of headache and loss of appetite. Cathartics had already been repeatedly given to relieve the costive state of the bowels. The tongue was slightly furred, and the thirst was somewhat urgent. But no sign of fever was present. The sleep was often disturbed at night by hallucinations. The latter symptom and the persistency of the headache in a child of her age, as well as several marks of the scrofulous taint, made me doubt whether the case was simply one of gastric derangement. She seemed to get apparently well, however, after taking some mild aperient and vegetable tonics. But the headache did not entirely leave her, and in a short time it increased to such a degree, especially over the forehead, that she was unable to leave her bed. The pain became so intense that she would, if permitted, have incessantly struck her forehead with her fist. Fever and vomiting shortly set in. There was great sensibility to light, and noises could not be tolerated. Her sighing and moaning was distressing to hear. Repeated applications of leeches to the head, purging, and pediluviæ gave not the slightest relief. On the fourth day from the accession of the acute symptoms the delirium began to run very high. Respiration was disturbed by long drawn sighs and sobs. This was followed on the next day by general convulsions and paralysis, which lasted for nearly two days longer, when she died.

Case V. I was sent for to prescribe for a girl, 7½ years old, who had for some time past lost her usual good appetite and began to waste. She preferred to pass her time in-doors upon the lounge and seemed inclined to sleep continually. The only thing complained of was some vague pains over the abdomen. The tongue was coated, and there was also considerable diarrhœa of a bilious character. A careful examination of the condition of the girl revealed no organic lesion nor any other functional derangement except the gastro-intestinal. During the whole summer this case lingered on with slight occasional amendments of the symptoms. Cod-liver oil and the citrate of quinia and iron were ordered, but were not followed by any permanent improvement.

Late in the autumn she was suddenly attacked by vomiting and nausea; considerable fever, headache, and occasional delirium supervened. The pulse was frequent and irregular. A troublesome cough was present, which seemed to be of a spasmodic character. She would become frightened at the least noise and would stare about at some imaginary object. Other unfavorable symptoms soon made their appearance, which left no doubt upon my mind that the brain was involved. An eminent physician of this city, who was called in consultation, agreed with me, that it was a case of tubercular meningitis. The scene soon closed after general convulsions had set in, which were followed by paralysis of one side.

Both of these cases show the deceptive character of the disease, which in a large number of cases simulates a trivial gastric derangement. There is certainly no difficulty in recognizing the disease when it is marked at the outset by strabismus, staring of the eyes, double sight, unremitting headache, constant delirium, incessant vomiting, inveterate constipation, followed by convulsions, paralysis, and coma. The tongue in children is not a good criterion, except the negative one, that the digestive organs are not the primary seat of the disease. Neither is the

sudden occurrence of convulsions without accompanying fever of much diagnostic value. Gradual wasting of the body, the scrofulous or tuberculous diathesis in the child or some member of the family; sudden changes and alterations of the color of the face; partial or general tremor of the body on slight causes; the intermitting character of the set of symptoms; deceptive convalescence: sudden falling of the pulse; irregularity in the respiratory movements not in correspondence with the state of the circulation; loss of appetite in older children, which cannot well be accounted for; a retracted abdomen in the advanced stages; an irritable temper; long continued headache; unusual movements of the upper or lower extremities; the hydrocephalic cry—these are some of the symptoms, whether occurring singly or variously combined, which ought to direct the attention of the physician to the state of the nervous centres in children.

It need hardly be mentioned that the rate of mortality in this disease is fearfully high. If recovery takes place, it is very gradual. There are no critical discharges. The only favorable symptom noticed in a few cases was a sudden eruption on the head and face. A purulent discharge from the ear and of yellow serum from the nose preceded recovery in a few reported cases. Anasarca and œdema of the face and neck are said to be of favorable augury. Trousseau makes use of the following language in his "Clinical Lectures:" "The older medical works contain published cases of cure. Since, however, the pathology and diagnosis of the disease have been more thoroughly cleared up, they are no longer met with. Nevertheless, convinced as I am of my own impotence, I cannot decide to remain absolutely inactive; although, taught by long experience, I know my efforts will be useless, I still try to contend with the disease. My intervention will at least have as its results, that I do not ruthlessly snatch away all hope from those who surround the sick child, but that I sustain their courage and do not leave to them the regret that I have done nothing to save him whom they confide to my care. But convinced also, that too energetic plans of treatment weary out more rapidly the source of life, I endeavor to do the least possible ill, since I am powerless to do actual good." These lines are as touching as they are true. Whyst, one of the older authors, gives one out of twenty, as the rate of recovery. Fothergill knows of no recovery. Odier thinks that perhaps two per cent. will recover. Bumberg reports twenty-eight cases, which all terminated fatally. West speaks of very few recoveries. There can hardly be a doubt that experience in private practice shows a similar rate of mortality, although the confirmation of the diagnosis by post-mortem examination is not often attainable. Tubercular meningitis is not the only disease in which the resources of therapeutics have remained far in the rear of our knowledge of its diagnosis and pathology. But we are now enabled to be more guarded in our prognosis when we meet certain symptoms in apparently trifling affections, which raise a suspicion of the probable presence of cerebral mischief.

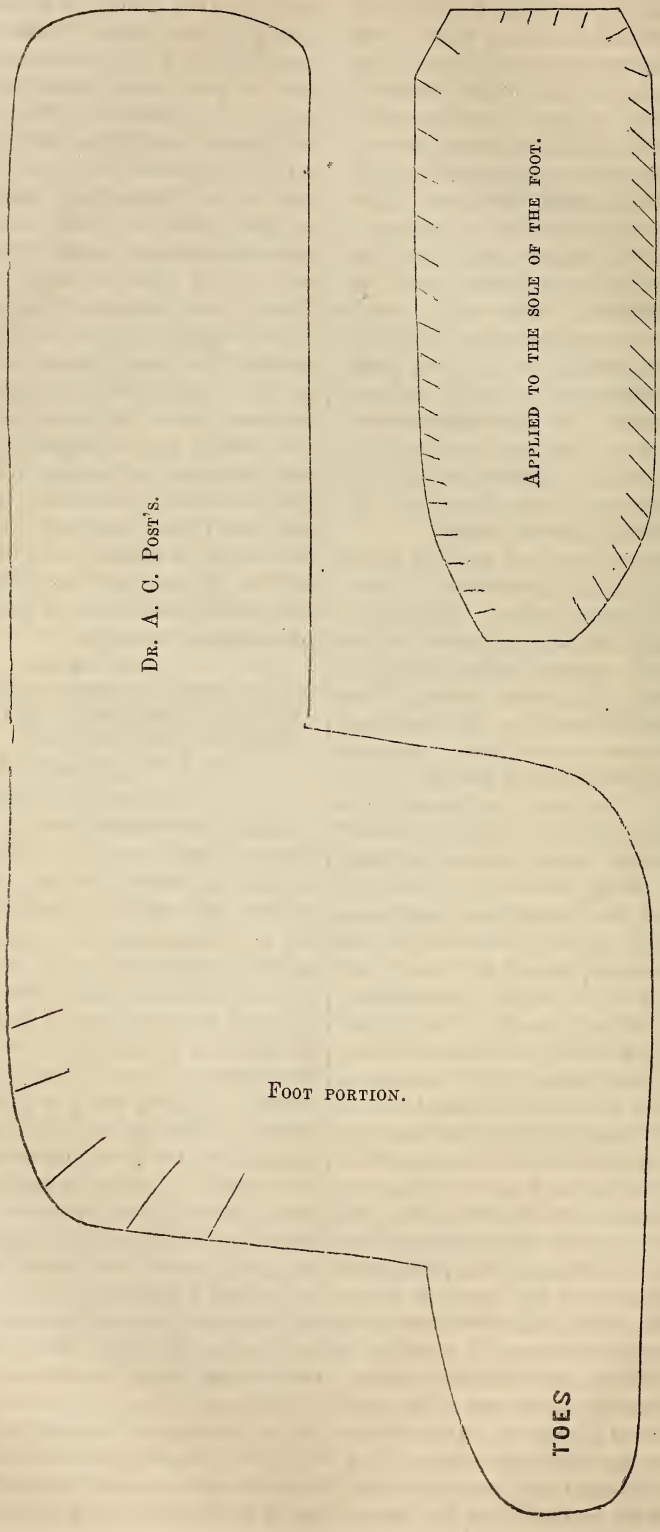
With regard to the treatment, it may be briefly remarked that local abstraction of blood from the head, and calomel in purgative doses, will sometimes relieve the most urgent symptoms. Abercrombie speaks approvingly of frequent warm baths and cold douches to the head. Chloroform has been recommended to allay the convulsions, but I have seen two cases in which the patient sank immediately after its administration. Cod-liver oil, iron, and the iodide of potassium have proved themselves even less reliable than in tuberculosis of the lungs.

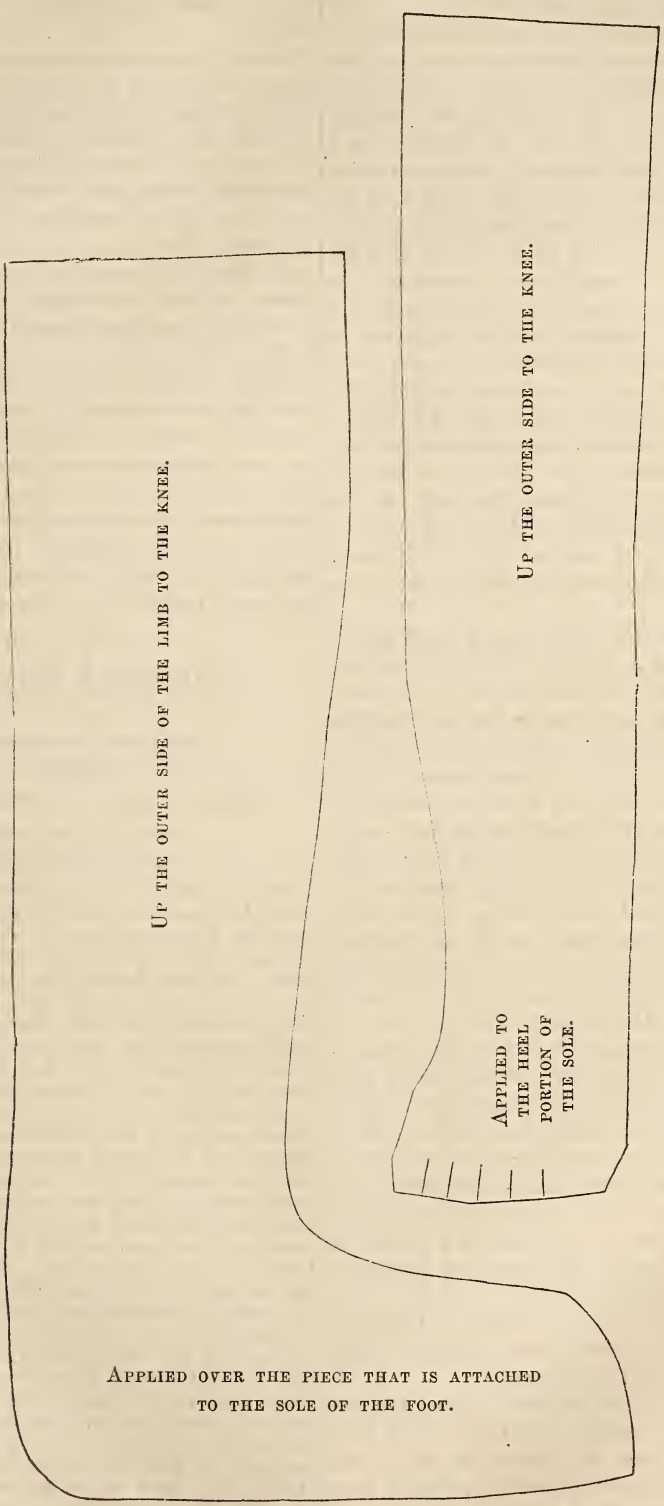
A NEW METHOD FOR THE TREATMENT OF TALIPES VARUS, WITHOUT DIVISION OF THE TENDON.

By J. N. Quimby, M. D.,

Of Jersey City, New Jersey.

I was called to attend Mrs. Q., Dec. 5th, 1864, who gave birth to a child with talipes varus of the most aggravated form, in both feet, and I resolved to try a method of treatment which I had had in contemplation for some time, viz., the stretching process by means of adhesive strips. So, as a preliminary step, a few days after birth, I ordered the nurse to wash and rub the child's feet and legs twice a day for two weeks, with a lotion composed of two parts of water to one of alcohol, and adding to a pint of this solution ʒss. of alum. After this hardening process had been continued for two weeks, I then applied the adhesive strips in the following manner: I used three pieces; one being cut so as to fit and cover the entire sole of the foot. This being applied, the second piece is cut in the form of a paralellogram, an inch and a half wide, and long enough to extend from the hollow of the foot to the knee, on the lower end of which, there is an expansion of three inches, which forms an angle of 80° or 90°, so as to extend from the plantar surface of the toes, to the hollow of the foot, the foot being held in proper position by an assistant. The third piece is cut of sufficient width to extend from the hollow of the foot to the heel, and extending up the


Dr. A. C. Post's.
Applied to the sole of the foot.
Foot portion.
TOES


Up the outer side of the limb to the knee.
Up the outer side to the knee.
Applied to the heel portion of the sole.
Applied over the piece that is attached to the sole of the foot.

leg to the same height as the other. A roller bandage is then applied, commencing at the toes and extending up to the knees, serving to keep the plasters adherent to the limb. During the first two weeks of the treatment, the bandages were changed every day and the plasters twice a week, at the same time pretty thorough passive motion was made. During the third week the bandages were changed every other day, and the plasters only once; and in the fourth week the bandages were changed twice a week, and the plasters whenever they became slackened; and this manner of treatment was kept up for two or three weeks, when the improvement was so great that I found it was not necessary to remove the bandages and plasters only as they became displaced. The treatment was continued for three and a half months, since which time she has worn nothing but a common shoe, and her feet are perfectly restored, there being not even the turning in of the toes, which is so common with children who have suffered from this deformity.

Since treating the above case, I called the attention of Prof. A. C. Post to the method, and he having thought well of it, and having occasion to use it in his own practice, has modified the cutting of the adhesive strips, which I think, in most cases, is or will be an improvement over my own. He uses but one piece, cut something after the manner of his gutta percha shoe; so as to cover the entire surface of the foot with a small projecting tongue, to include the plantar surface of all the toes, and then forming a right angle with the strip, extending it up the outer surface of the leg as high as the knee; then he encircles the limb with an additional piece of adhesive strip just above the ankle. I was led to this experiment from being called upon to operate on two weak and scrofulous children, where, after complete restoration of the feet, there was and is a weakness of the ankle-joints, which I think may be attributable somewhat to the division of the tendon and to the confinement which is necessary to keep the foot in proper position, which from the pressure has a tendency in a greater or less degree to impede the circulation and retard the development of the limb.

I should like to call the attention of the medical profession to a few important points in reference to this method of treatment.

First: That the feet can be completely and perfectly restored, however aggravated, to all their functions, without the division of any of the tendons; when taken at the early period of from three to six weeks, and without even the turning in of the toes, as is the case with the present subject.

Second: The short space of time required for the perfect restoration, and that all the cumbersome shoes with steel splints, etc., are dispensed with.

Third: That it causes less suffering to the little patients, and is not so liable to cause irritation, ulceration, or sloughing of the integument, as is sometimes the case with other methods.

Fourth: That the utility of this treatment is such, that it is not confined to a few expert surgeons; but that every medical man, however remote, in his rural practice, may use it with benefit to his patients.

Fifth: I think it has a decided advantage over any other method of treatment with children of a strumous cachexia, as it does not in any way confine or retard the development of the foot and limb, and is therefore less liable to be followed by weakness of the ankle-joint, and that the child can stand upon its feet, if it be old enough, while under treatment, thereby allowing nature to assist in its restoration.

Hospital Reports.

Jefferson Medical College,
December 19, 1866.

Surgical Clinic of Prof. Gross.

Reported by Dr. Napheys.

Constitutional Syphilis.

Mrs. C., æt. 32. She has been married for five years, but has had no children. She has been troubled with her throat for two weeks. Swallowing is difficult, and fluids return through the nose. No pain during the daytime. At night her sleep is disturbed by pain. Appetite poor; very susceptible to cold; hands and feet cold; losing strength, but not flesh; no enlargement of cervical glands. She has pain in the left knee and tibia, which is most severe at night.

An examination of the throat showed that the tonsils, arches of the palate, and uvula were inflamed, and that upon the soft palate there was an ulcer, three-fourths of an inch in length by four lines in width, the surface of which was completely encrusted with a plastic lymph. No ulcers on the inner surface of the cheeks. No trouble in her nose or eyes. About three years ago she had an eruption under her arms. This is a case of constitutional syphilis, though she denies ever having had primary sores or buboes.

The ulcer was touched with the officinal solution of acid nitrate of mercury, diluted with about four parts of water, applied carefully by means of a wet sponge. This application should be repeated to-morrow, and in the same careful manner, and with the acid of the same strength. After that, every other day will be frequent enough. The probability is that two or three

more applications of this kind will be sufficient to provoke the granulating process. The ulcer is the seat of an amount of inflammation altogether incompatible with the reparative process; the object of the treatment is to reduce the inflammation and bring it within certain limits. For this purpose the nitrate of silver, nitric or hydrochloric acid, and sulphate of copper are excellent remedies, but the very best is the one just employed. When there is a tendency to slough or phagedenic action, it should be used in its pure state.

It will be well for this woman to make use of a weak solution of vinegar and water well saturated with honey. She was ordered five grains of the iodide of potassium with one-tenth of a grain of bi-chloride of mercury, and a little of the muriatic tincture of iron three times a day. In the course probably of four or five days, the nocturnal pains in the palate, knee, and tibia will have disappeared, and the appetite improved.

Syphilitic Iritis and Ulceration.

Mary Ann H., æt. 40, married; had six children, only three living, youngest ten years; never had miscarriage or abortion. She has ten ulcers in all on the inner and outer side of the leg, all of rounded shape. No ulceration upon upper extremities or trunk. These ulcers have been present at times for two years, healing and breaking out again. The sclerotic coat and iris of the left eye are also inflamed; the pupil is contracted to a marked degree, while that of the right eye is dilated. The eye has been sore for two years. There is an eruption on the forehead, of a scaly character, and there has been falling of the hair, not amounting to alopecia. She has lost flesh and strength. There has been no affection of the throat or nose.

This patient has syphilitic ulceration and iritis. In an ordinary case of ulceration of the extremities there will be one, or at most two or three ulcers, but here there are a number of them occupying the skin and extending down perhaps into the cellular tissue. The aggravation of all the symptoms stamp the specific character of the case.

She was ordered the ointment of the nitrate of mercury, ʒj. to ʒvj. of simple cerate, to be applied upon a piece of course patent lint on each ulcer, the dressing being renewed twice in the twenty-four hours. The bowels should be kept in a soluble condition by taking five grains of blue mass occasionally at bedtime. She was placed on the use of iodide of potassium, bichloride of mercury, and muriatic tincture of iron, with a glass of ale or milk punch several times a day.

Mammary Scirrhus.

Mrs. S., æt. 45. She has three children living, the youngest nine years of age. A lump first made its appearance in the right breast about two years ago, which has been gradually increasing. It is the seat of occasional stinging pain, occurring oftener in the daytime than at night. The nipple is retracted, and there is a gutter between it and the surrounding skin. The breast is heavier than it would be if it were perfectly sound. There is great hardness at the point where the disease takes its rise, and general diffused induration, involving the greater portion of the gland. There is unusual fulness along the anterior border of the great pectoral muscle, but no distinct enlargement or hardness of the lymphatic glands of the axilla can be detected. Appetite good, sleeps well. Her catamenia ceased three years ago last March.

This is a case of scirrhus of the mammary gland, and is a good one for the excision of the affected gland. There is no treatment for this disease, excepting palliation and the operation for removal.

Lithotomy.

Wm. B., æt. 8 years. This boy was sounded at the last clinic, and a stone detected in the bladder. He is a native of Philadelphia, of Irish parentage.

He has retained his water this morning for at least three hours, the end of the penis being tied up. The sound, previously warmed, was introduced into the bladder, when it was found that the stone had slid behind the pubes, where it could not be reached. Water was injected into the bladder, by means of which it was brought down. In the old subject, laboring under an enlargement of the prostate gland, the stone will sometimes fall into the bas fond of the bladder, requiring the introduction of the finger into the rectum to effect dislodgment.

The lateral operation was performed after the patient had been placed under the influence of chloroform. Both the external and internal openings were made small. The membranous portion of the urethra was laid open to an extent sufficient to receive the point of the left index finger, and then the parts were lacerated or dilated sufficiently to allow of the introduction of the forceps into the bladder. The calculus removed was very rough, the surface covered with spines, and resembling a mulberry calcalus, except in color.

The great point in this operation is not to make the wound as large as is usually done by operators and as is described in the books. It is an exceedingly simple operative procedure, all that is necessary for its successful performance is to have a thorough knowledge of the anatomy of the parts and sufficient confidence. It is preferable in young subjects, after having made a sufficient opening in the membranous portion of the urethra, to permit of the nail being placed in contact with the staff, to lacerate the parts with the finger and thus guard against urinary infiltration, which is an exceedingly uncommon occurrence after the operation, even when not performed very well.

Lithectasy

Means the operation of lithotomy in conjunction with dilatation. It was first broached by Manzoni, of Verona, in the early part of the present century. It is usually claimed by British writers, but unjustly. Manzoni proposed to perform the operation at the middle line, a short distance above the verge of the anus, making the incision along the raphé of the perineum as far as the groove of the staff, and then carrying the instrument a little further on toward the bladder, when the finger is inserted to make

the requisite degree of dilatation. It has been performed in comparatively recent times, by Dr. De Borsa, another Italian surgeon.

There is an operation now performed very much by British surgeons, devised by Mr. Allerton of London, and usually known by his name. It is essentially lithectasy, or the operation of cutting and dilatation, suggested by Manzoni and executed by De Borsa. It consists in introducing an ordinary curved staff with central groove into the bladder, making an incision along the raphé of the perineum, commencing one half an inch above the verge of the anus and carrying the instrument in some considerable distance, with the edge of the knife toward the scrotum. As soon as the instrument reaches the groove of the staff, the membranous portion of the urethra is divided to an extent sufficient to allow of the introduction of a long probe armed with a bulb into the bladder along the groove of the staff, which is in the next place withdrawn. Then instead of using the knife, the finger of the operator is passed along the probe, and the requisite degree of dilatation effected. If the parts are resistant, an india rubber stall is used to effect the dilatation required, but generally speaking, the finger is quite sufficient for the purpose. This operation is applicable chiefly to young subjects, or to middle aged persons having a small calculus. It is a very simple procedure, and usually effective. Prof. Gross, in fact, performed this operation in the present case, although instead of making the incision in the middle line, he made it in the direction pursued in the performance of the lateral method.

The operation of Cheselden is one of the most beautiful in all surgery. Prof. Gross has never met with a stone so large that it could not be extracted by the lateral operation. Should extraction be impracticable, then the expedient originally suggested by Mr. Liston, of London, may be resorted to. It consists in dividing the right lobe of the prostate with a probe-pointed bistoury, which gives as large a space as that afforded by the bilateral operation.

There is no hæmorrhage demanding attention in this case. Occasionally it is necessary to tie an artery. The transverse perineal artery may be so large as to require ligation, or perhaps the superficial perineal. Sometimes the pudic artery is divided. Dr. Physick, in performing his first operation, on account of the gorget being too broad, or too much lateralized, divided the pudic artery and had great trouble in applying a ligature. He therefore devised the instrument known as Physick's forceps, which is used for the purpose of taking up deep-seated arteries. When the case is of long standing, and especially in old subjects, there is frequently a varicose condition of the prostate veins. When this is the case, most violent, even fatal hæmorrhage may result from the division of some of these vessels. Sometimes the blood issues from numerous points, and such a hæmorrhage is always exceedingly annoying. Under such circumstances, the exposure of the parts to cold air, the application of ice or ice-water, will frequently act as a hæmostatic. If this be not the case, the only resource is plugging the wound, which is to be avoided if possible, as it interferes with cicatrization.

The catheter is not introduced into the bladder, as is the custom of some after such an operation, as there is no necessity for doing so. In the course of three or four hours, the urine will pass off by the wound. In the meantime, the wound will be filled with clots of blood, which will resist the egress of the urine until its accumulation stimulates the bladder to contract and forcibly expel its contents. The water will pass off in this manner for thirty-six or forty-eight hours, and then it will make its way by the urethra in consequence of the swelling of the parts. At the end of twelve hours, it will again pass through the wound in the perineum, and continue to do so until cicatrization has taken place, at a period varying from eighteen to twenty or twenty-five days. Cleanliness must be carefully observed in the after treatment. The boy will be carried back to bed and placed on a draw sheet,which should lie immediately under the breech, and be put also on a piece of soft oil-cloth to protect the bed. The bowels will be locked up for at least three days after the operation. Then a little castor oil, citrate of magnesia, rochelle salts, or an enema may be administered. Sometimes it is found necessary to give a laxative at an earlier period, seldom, however. In one case, operated on at the clinic this winter, the bowels were locked up eight or nine days. The diet ought to be antiphlogistic for the first few days, afterward nutritious. The boy was given fifteen drops of laudanum at once. A quarter of a grain of morphia will be administered to night.

SURGICAL DEPARTMENT OF PHILADELPHIA DENTAL COLLEGE.

Clinic of J. E. Garretson, M. D.,

Reported by H. L. Gilmour.

Removal of Tumors.—Local Anæsthesia.

At a previous clinic, gentlemen, I suggested that I would avail myself of the earliest opportunity to exhibit, in connection with surgical operations, the spray-producer of Dr. Richardson, of England, expressing myself, as you will recall, as being much impressed with the anæsthetic qualities of the application, as applied to cases for which it seems adapted.

Before you, I have the pleasure to bring this afternoon three of my private patients, who are kind enough to allow, for your instruction, certain operations which they require, to be performed in your presence.

This lady has, as you see, a tumor situated in the parietal region of the scalp. It is very moveable, and to the touch, very spongy and elastic. It is, what I have no doubt you all recognize as a wen, or sebaceous tumor. A sebaceous tumor is about the most simple and harmless form of pathological condition. The duct of a sebaceous gland becomes, by some accident or other, obliterated, or closed up. The gland, maintaining its integrity, continues, of course, its work of secretion; but there being no duct of egress, this secretion accumulates, from necessity, back of the structure, and to accommodate itself, enlarges

or expands the containing duct. The absorption of the more fluid portion of the secretion gives, of course, a solid or semi-solid mass; hence the tumor becomes elastic to the touch. As such tumors increase in size, they of necessity intrude upon the gland proper; and thus finally the secreting agent is spread out as a cyst or sac around the tumor; hence the recognized fact, that to cure these tumors you must dissect out the sac.

Here is a second tumor; it is of the same character as the first, but situated on the forehead. These tumors are almost as frequently multiple as single. I have seen a scalp literally covered with them; and you will find them from the size of a pea to that of the largest apple.

Here is another patient, with a similar class of growth, directly over the saggital suture. To get at these tumors, it is not necessary to destroy any considerable portion of the patient's hair. It is enough, as I have proven with sufficient frequency, simply to part the hair over the middle of the growth, and with the scissors, clip away that alone which would interfere with the incisions. If the tumor has so expanded the scalp as to make necessary the removal of an ellipse, then, of course, it will be necessary to remove all the hair that may cover this ellipse; but if, on the contrary, the tumor may not exceed in size an ordinary walnut, the incision may be a simple one, and only a line of hair need be removed.

I will now remove just as much hair as I deem necessary. I now take from either side of my proposed line of incision, three strands of hair, and wax them, and carefully lay them down on the sides of the head; these strands are to be the ligatures by which, after the removal of the cyst, I close the wound. I am now ready to apply the spray. The application of the spray of ether first suggested itself to Dr. Richardson, of London, and the apparatus I hold in my hand was devised by him for the purpose of producing such spray. The principle on which this spray acts, is the principle which makes the lobes of your ears without feeling, when subjected to great and continued cold. It is really a process of freezing, but unlike the freezing by atmospheric cold, it is not liable to be followed by injurious reaction; at least I have myself used the agent in quite a number of cases, and without any very special care, and I have yet seen no trouble from such reaction. Dr. Richardson uses ether for his spray. Rhigolene, a fluid of less specific gravity, is highly commended by some; my experience with it does not permit my joining in such commendation; it has not, in my hands, produced the insensibility of ether. Here is a bottle of rhigolene; if I clasp my hands about the flask, the fluid will boil. It boils at 70° Farenheit.

The operator should not, himself, spray a part; it makes his hand shaky. You throw the spray until the skin begins to blanche; it is then ready for the knife; and the spray should continue to be thrown so long as the operation continues.

I will remove one of these tumors, by passing the knife directly through it, thus dividing the cyst and contents into two parts; the sac is thus made very apparent, and is easily dissected from the integuments.

The other two I will remove by making incisions from the skin down to the sac, and thus enucleate them, about as one takes a walnut from its enveloping hull.

The three tumors were here sprayed, one after the other, and operations performed as described. Neither of the patients made the slightest complaint of pain. One, a man, said that he certainly felt it, but it felt, as he supposed it would feel to have one's boot cut from his foot.

Here, continued Dr. Garretson, is a lady, having a tumor upon the back of her neck, quite, as you see, the size of an ordinary orange. I think this will turn out to be a fatty tumor, it might be some other kind of growth, a fibrous tumor for instance, or even scirrhus, as signification is ordinarily attached to that word. A fatty tumor means simply a hypertrophy of the adipose deposit; it is always, however, a more or less distinctly defined tumor, and commonly has about it something which looks like an attempt at a cyst; indeed, I am sure I have seen these hypertrophies completely encysted. The removal of this tumor I will effect on the same principle as just employed, that is, I will cut down to the growth, dissect off its cover of integuments, and then securing control of the mass by passing a loop of twine through it, raise and dissect it from its bed; it will take some little time to do this, and the dissection will be considerable, so thus it affords a very fair test of what ether spray is worth.

The neck was now sprayed and the dissection commenced, the spray being made to follow the knife; attachment had formed to the trapezii muscles, thus even unexpectedly prolonging the operation. The patient, a lady, made no complaint, and did not seem to suffer any pain. Considerable venous hæmorrhage attended the operation, which, it was remarked, would have been much more considerable but for the use of the spray. The growth proved to be fatty and was surrounded by a very imperfect cyst. The hæmorrhage was entirely checked with alum water, and the wound, after being left open to glaze, was overlain by the integuments.

In closing wounds, the lecturer continued, made as these have been, the surgeon always aims after the most direct union. If I lay these flaps back into place nicely and kindly, approximating them, and supporting the approximation; and, if I keep down all circulatory excitement, I will secure, with the least effort on the part of nature, a complete reunion; that is to say, that this glaze, which means a slight effusion of lymph, and which covers all parts of the wound, will intermix, as it were, will quickly organize and thus restore harmony of relationship; this is called securing union by first intention. Union by second intention, is the same thing prolonged. Where wounds are of such character that the parts cannot, or may not be brought thus closely in apposition, they cure themselves by a process of granulation; that is, layer after layer of lymph is thrown out, which organizes little by little, until finally the gap is filled up. In this mode of healing we have more or less suppuration, which means, that part of the lymph degenerates, or that, to express it differently, the pus is abortions of granulations. Thus, whether a wound,

having to unite by second intention heals rapidly, or with difficulty, depends altogether upon constitutional conditions, that is to say, if the local condition has proper treatment. To heal this wound I first carefully bring the edges together, not tightly, but indeed very loosely. I now take these, two little compresses, which extend in width from the circumference to near the centre of the wound; these I soak in cold water and lay upon either side of the centre; their office is to hold the flaps firmly in place, and they press just a little harder about the circumference than at the centre, for it is at the circumference that we want our most immediate union. You will at once perceive that it would not be good practice to consider alone the union of the lips of the wound, for should pus form under the flaps, at any part, the closed edges would have, of necessity, to be reopened. So it should always be the rule to unite from the circumference toward the centre. Now, it is said, that the use of the spray tends to make sloughs, and thus interferes with any immediate union. This has not been my experience, and I can only therefore, infer, that the parts so sloughing must have been oversprayed, and thus disorganized. We will direct that the seat of these different operations be kept wet with lead water and laudanum; in a week you shall see the result.

These cases were exhibited at an after clinic, and the most perfect union had been obtained in all of them by first intention, none of them making a single drop of pus.

Editorial Department.

Periscope.

Ovariotomy; Silver Sutures.

Dr. J. Marion Sims relates in the *British Medical Journal* a case of successful ovariotomy in which the pedicle was secured by silver wire, after the failure of the actual cautery to arrest the hæmorrhage.

The tumor had been attached to the right broad ligament. The pedicle was short and broad. When spread out in the clamp, it measured four and a half inches in width. Its veins were large and tortuous. It was severed by the actual cautery, according to the plan of Mr. Baker Brown.

On removing the clamp, blood began to ooze from the end of the line of cauterization furthest from the fundus uteri. The bleeding seemed to be chiefly from the open mouths of the large veins. An inch of tissue, including the veins, was encircled in a loop of silver wire, which was drawn tightly, twisted firmly, and cut off close to the twist. The mere mechanical manipulation of doing this unfortunately tore open the whole extent of the line of cauterization and blood oozed out from every part of it. To secure this long line (nearly four inches) of bleeding surface, it was necessary to introduce five other loops, embracing as many segments of the bleeding pedicle, each of which was twisted separately and cut off close, as before described. The uterine artery spouted furiously and required a special ligature. After the bleeding was wholly controlled, the pelvic and abdominal cavities were thoroughly cleared of the fluid that unavoidably escaped into them, and the external incision was closed by a continuous suture of silver wire. The whole of the peritoneal membrane, whether lining the walls of the abdomen or investing the intestines, was deeply congested and had a red granular appearance. The tumor had no adhesions, and no unusual amount of serum in the peritoneal cavity.

Convalescence was rapid. The internal wound healed perfectly by first intention. The silver sutures were removed on the tenth day after the operation. She sat up and walked across the room on the eleventh day, and on the twenty-second day she returned to her house perfectly well. The solid part of the tumor, removed *en masse*, weighed eleven pounds, and the fluid thirty-two pounds.

Dr. Sims, in his remarks on this case, strongly urges the claims of silver wire in securing the pedicle in cases where the actual cautery process of Baker Brown does not succeed in arresting the bleeding entirely. The advantage and safety of the silver wire consists in its not exciting suppuration like other ligatures and becoming readily encysted, causing no trouble. This is illustrated by some cases which he relates.

Dr. Nélaton performed the operation for ovariotomy in Paris in May, 1864, and allowed Dr. Sims to secure the pedicle with silver wire. It was transfixed by a double wire, which was cut in two, and each half was twisted tightly on opposite sides of the pedicle. This was then cut off near the ligature and returned into the cavity of the abdomen, and the external wound closed by silver sutures. The patient died on the fifth day from blood-poisoning from peritoneal exudation. The post-mortem examination showed the metallic ligatures entirely imbedded in the tissue of the pedicle, and so perfectly sacculated that it was necessary to cut into its structure to find them. The wire had cut into the tissue, and this had healed behind its track. This process is further illustrated by the following case:

In 1850, by means of a silver wire, Dr. Sims made the effort to strangulate a warty excrescence on the cheek. It was of the size of the end of the little finger and projected at least half an inch above the surface. On tightening the wire at its base, the top became of a deep purple color, showing that its circulation was momentarily arrested. But the next morning the excrescence showed its original color, without the least sign of a disorganizing process; its circulation was going on as vigorously as before the application of the wire. On a minute examination, it was found that the wire had cut a bed for itself entirely around the structure embraced, and that the tissue so cut had overlapped the wire and healed over it, thus encasing or sacculating it completely, and this in the short space of twenty hours.

In another case the silver wire was applied to a hæmorrhoidal tumor with the expectation of strangulating it. The strangulation was only

momentary. The same process of cicatrization and sacculation around the wire took place as in the former case. The experience gained by these two observations led to the idea of applying this wire to the pedicle in ovariotomy, and of explaining its probable action, which has been verified by the post-mortem examination in Nélaton's case.

Colliquative Sweating.

M. Vignard of Nantes recommends the following decoction of sage as a remedy for profuse sweating. Take of chopped sage leaves, a large pinch; of water, six fluid-ounces. Boil the sage for a minute or two in the water; let it stand to cool, then filter and sweeten to taste. The perspiration ceased whenever the decoction was taken, but reappeared when it was omitted. M. Vignard suggests the use of this remedy in the colliquative sweating of phthisis. (*Journal de Médecine de Nantes.*)

Reviews and Book Notices.

Injuries of the Spine. With an Analysis of Nearly Four Hundred Cases. By John Ashhurst, Jr., A. M., M. D., Fellow of the College of Physicians of Philadelphia; Surgeon to the Episcopal Hospital of Philadelphia; late Executive Officer to Cuyler U. S. A. General Hospital, etc. Philadelphia: J. B. Lippincott & Co. 1867. 12mo., pp. 127. *Price*, $.125.

As Dr. Ashhurst observes in his introductory pages, the spine has received less than its share of attention from surgeons; notwithstanding the interest aroused by the controversy between Sir Charles Bell and Sir Astley Cooper, about trephining and resection, early in this century. Spinal injuries must be comparatively rare, as the Pennsylvania Hospital records show only eight cases of fractured spine, and one of dislocation in ten years (ending 1839); and in fourteen years since, only twenty-four cases of spinal injury occurred in a total of nearly four thousand cases. Their importance, however, is manifest.

This volume contains a very good condensed account of the symptomatology and treatment of dislocations, fractures, and concussions of the vertebral column. Dr. Ashhurst urges the following conclusions.

"1. Injuries of the spine are not nearly so fatal as is generally supposed, and they have been, not unfrequently, completely recovered from.

"2. By watching carefully the symptoms, and knowing the lesions which they indicate, the patient's progress toward health or death can be pretty accurately foreseen in most cases.

"3. Whenever there is reason to believe that one or more vertebræ have been displaced, extension should be employed; temporary, if that be sufficient; if not, continuous.

"4. In no case do resection or trephining offer a reasonable prospect of improving the patient's condition, but on the contrary, there is reason to fear that they would increase the chances of a fatal termination.

"5. Those cases of spinal injury which are not adapted for the employment of extension, should be treated in accordance with ordinary rational and physiological principles.

"6. No new mode of treatment is entitled to adoption in a class of injuries so serious as this, unless it can be shown by clinical experience that it is at any rate not less successful than the modes commended to us alike by reason and long experience."

The Appendix of Cases, three hundred and sixty-eight in number, carefully tabulated, with their results, and the authority for each case, is of great interest and value. These tables alone occupy more than fifty pages of Dr. Ashhurst's volume, and they do credit to his research.

This is, in exterior appearance, another of the *elegant duodecimos* of which, since "Hartshorne on Glycerin" set the fashion, Lippincott & Co. have issued so many. No book on a scientific subject reads any the worse for being printed upon tinted paper, or for having an ornamental cover.

Inhalations in the Treatment of Diseases of the Respiratory Passages, Particularly as Effected by the Use of Atomized Fluids. By J. M. Da Costa, M. D., Physician to the Pennsylvania Hospital; President of the Pathological Society of Philadelphia, etc. etc. Philadelphia: J. B. Lippincott & Co. 1867. 12mo., pp. 86. *Price*, $1.25.

Having noticed the reprint of this essay from the *New York Medical Journal* when it first appeared, we are glad to receive it now in a more attractive and becoming dress. It has been, with its author's usual industry, somewhat improved, though without essential alteration. The excellent illustrations, giving views of apparatus and its use, make, with the lucidity of style and fulness of statements of the work, an entirely intelligible account of the whole subject. We have no doubt that it will be a very popular manual.

—— Soluble Glass Bandages. M. Velpeau calls attention to the bandages of silicate of potash or soluble glass, which advantageously replaces albumen, starch, dextrin, papier maché, plaster of Paris, etc. The most valuable property of the bandage of soluble glass is that of promptly drying in two or three hours, and of easily becoming soft with water.

Medical and Surgical Reporter.

S. W. BUTLER, M. D., *Editor and Proprietor.*

PHILADELPHIA, MARCH 16, 1867.

AMERICAN MEDICAL ASSOCIATION.

This body meets in Cincinnati on the 7th of May. A large attendance is anticipated, as, besides the organizations that have heretofore been represented, many new state and county medical societies have been formed, and others, which had been suspended in consequence of our national troubles have been revived. These, it is hoped, will all be represented. If so, our Cincinnati friends may expect about five to six hundred representatives of the medical profession of America to claim her hospitality for two or three days during the first week in May.

We trust that the Committee of Arrangements will be able to induce the various railway companies throughout the country to pass delegates and members at *half-fare* over their several roads—not simply to give return tickets, thus compelling the holder to return by the same route he went, and depriving him of the opportunity of passing through the country by two different routes. Let this matter be attended to early and published in the journals, and let it be known what roads are illiberal, either by refusing commutation at all, or by only giving return tickets. If the companies will commute at all, it can be of no consequence to them whether they allow half-fare or return tickets, while it may be of some importance to the traveller.

A number of Committees are expected to report upon important subjects, and it is to be hoped, that they will be ready with well-digested, *brief* reports, or, if their reports are necessarily long, with abstracts of them, so as not to occupy the time of the Association with long papers to the exclusion of other important business.

A word to our Cincinnati friends. "Let your moderation be known to all men." Make the most ample provision for an intellectual feast—and if you must "feed" the Association, do it in a moderate, substantial, *sensible* manner, as becomes men of science. Eschew intoxicating drinks altogether. Let them not be once named among you. If any medical man wishes to make a beast of himself—for Heaven's sake do not disgrace the whole profession of America to accommodate him, but let him go to a tavern among his congeners, and wallow to his heart's content. It is an insult to the profession of medicine to have its meetings disgraced by the presence of men who have no respect for themselves or the honorable company they are in. Do not compel the decent members of the profession to appear to countenance those who are mere hangers on to its meetings for the opportunities they afford them to indulge in their bibulous propensities.

DENTAL TEACHING IN PHILADELPHIA.

This city has become the great centre of dental, as she has long been of medical teaching in this country. The growth of this educational interest has been very rapid during the past five years, the number of students having quadrupled in that time. We congratulate the public on the increased attention given to dental education. Dentistry, being really a specialty of the general science of medicine, should have received more attention than it has done, for notwithstanding the large number of dentists who find employment in our cities and larger towns, comparatively few of them have had any proper training for their important duties, even up to this time. But we are glad to say that the prospect is better for the future. Increased attention is being given to dental teaching, and it will not be long before a dentist, who is not a graduate of a College having the proper qualifications to grant a diploma, will be as much of an anomaly, as a respectable medical man without a degree is now.

Our dental Colleges have full faculties, who give instruction in all the departments of anatomy, physiology, pathology, chemistry, operative surgery, mechanics, and other branches, so far as they bear on the practice of the dental art. They also give demonstrative instruction, not only in the mechanical department of the art, but in surgical operations on the mouth, as the admirable clinics of Dr. James E. Garretson, in the Philadelphia Dental College, reported in this journal, amply testify. By the way, we notice that the institution just named, has recently imported one of the finest series of models of the nervous and circulatory systems of man and the lower animals, to be found in this country. At the commencements of the Pennsylvania and Philadelphia Dental Colleges, held during the last week of February, there were over sixty graduates, the number being nearly equally divided between them. There were nearly two hundred students in the two Colleges during the session just closed, and these came from every part of the world.

We are glad to notice that some of our liberally disposed citizens are doing all they can to foster dental education in this city. This is shown in

the ample provision made for teaching, and in the whole management of the two colleges, and we may say, in the kindly feeling shown by the two faculties toward each other, and the friendly emulation between them. It also had a very pleasant exhibition on the evening of the 27th of February, in a magnificent entertainment given at National Hall by our public-spirited fellow citizen, Samuel S. White, Esq., to the faculties and students of both the dental Colleges, and numerous invited guests. This was one of the finest entertainments ever given in this city. There were four or five hundred guests present, for whom the most ample provision was made. One thing, we were glad to see, was *not* provided. Not a drop of intoxicating liquor was furnished, while there was plenty of excellent coffee, lemonade, and soda water. We believe we speak the sentiments of nine-tenths of those present, when we say that this feature of the entertainment gave the highest satisfaction. There were no "toasts" drank, but sentiments were responded to by several speakers, among whom were his Honor the Mayor of the city, and Bishop Simpson. Such a reunion is calculated to promote harmony, and to advance the interests of dental teaching greatly.

An entertainment was also given, two evenings subsequently, to the faculty, students, and friends of the Philadelphia Dental College, by Dr. Wardle, one of the faculty. It was given at the College, and was an elegant affair, and was also free from the curse of spirituous liquors.

Every thing indicates the continued prosperity of dental teaching in this city.

Notes and Comments.

Enlargement.

Advertisers having at last learned, that if they wish to reach the medical profession of the United States, they must do it through the medium of the Reporter, we have been compelled to add several pages to accommodate them. This enables us at the same time to increase the amount of reading matter. We are very glad of the opportunity of doing this, as we can hereby reduce the large stock of communications we have on hand, and which have been accumulating for some time.

We would urge correspondents to be as concise as possible in their communications. We do not care how many they send, only let them be short and to the point.

A State Medical Society in West Virginia.

A circular has been issued to the medical men of West Virginia, inviting them to assemble at Fairmount, on the 10th of April next, for the purpose of organizing a State Medical Society. We trust that there will be a fair representation from all parts of the State on that occasion, and that a vigorous medical society will send a full representation from West Virginia to the American Medical Association at its meeting in Cincinnati in May next.

☞ An intelligent English lady, who has had considerable experience as a traveller, offers her services as a travelling companion to parties going abroad this summer. Address the editor of this journal.

Erratum. A serious typographical error occurred last week in a prescription on page 188, which should read as follows:

℞.	Magnes. sulph.,	℥j.	
	Morph. sulph.,		
	Ant. et pot. tart.,	āā gr. iss.	
	Tinct. verat. viride,	f.℥iss.	
	Sacchari albi,	℥ij.	
	Aquæ,	f.℥viij.	M.

Sig. Tablespoonful every three hours.

Correspondence.

DOMESTIC.

Nutrition in Delirium Tremens.

Editor Medical and Surgical Reporter:

A communication from Dr. Elliott Coues, U. S. A., published in the Reporter of Jan. 26th, induces me to offer a few remarks on the same subject—delirium tremens.

A great portion of the cases of this disease that come under the observation of army and navy surgeons are trivial and readily brought to a favorable termination, because for the most part, they are attended to in an early stage. Military practitioners have, however, very frequent opportunities to observe the disease in its grave forms, and some great advantages in treating it. My experience in the use of chloroform has been slight; I have tried it with benefit in a few cases, but in none of great severity.

I am convinced that the standard authorities upon the disease in question lay far too little stress upon the condition of the function of nutrition, and that practitioners are apt to pay too little attention to what I consider, in very many cases, the first indication—*the substitution of true nutrition for alcoholic stimulation.* I believe

that opium in large doses is highly dangerous to patients who are dying from inanition—from *starvation*. It is, nevertheless, the drug upon which I chiefly rely, and very grave cases will often terminate favorably under its use, with no other treatment.

In most of the cases that have come under my observation, after prolonged debauches, either little or no food has been taken for a number of days, or it has been at once rejected from the stomach; if taken and retained, digestion has become so far impaired that there has been but little, if any assimilation. If abstinence from food has not been carried too far; if the vital powers have not been too completely prostrated, the immediate administration of a sufficient dose of opium, to be repeated p. r. n., without any other remedial measure, may accomplish all that could be desired. For a number of years I have been in the habit, as a rule, of endeavoring to nourish my patients before giving opiates; and when there is reason to suppose that they have used alcoholic stimulants habitually, and whenever the continuance of such stimulants (as is often the case) is indicated, of combining them with their food. Teaspoonful doses of iced milk-punch or egg-nogg, alternated with even minute quantities of essence of beef, given at such intervals as not to provoke the irritability of the stomach, and increased according to their effect, will often of themselves produce a favorable change in symptoms in a few hours, and prepare the way for the safer administration of opium, the utility of which will be greatly enhanced by the nourishment that has been taken. Digestion is promoted in the stomach of the inebriate by the presence of a little alcohol, the injurious effects of which are much diminished by its combination with food. Of course, when there has been absolute disorganization of the apparatus of digestion, the treatment can do neither good nor harm.

I believe that many patients die comatose after taking large opiates, when it is difficult to decide that the remedy did not help the disease to a fatal termination. I believe that some lives may be saved by paying more attention to nutrition and trusting less to medication. I am sure that my success in dealing with this terrible malady has been greater of late than formerly.

Dr. E. Coues' statement, "that the real severity of the disease is by no means proportionate in every case to the violence of its manifestations," I can endorse. The condition of patients suffering from delirium tremens is such that complications are often of necessity overlooked. The nervous turmoil frequently masks symptoms of grave disease existing concurrently, and it not infrequently happens that cases terminate fatally, which would not, but for the existence of such disease.

S. F. Coues,
Surgeon U. S. Navy.
U. S. Naval Hospital, Chelsea, Mass.

Treatment of Pneumonia.

Editor Medical and Surgical Reporter:

In Dunglison's New Remedies is a quotation made from an article of Dr. W. M. Boling, of Alabama, published in 1842, testifying to the antiphlogistic properties of quinine. He said, "As an antiphlogistic remedy in elevated and healthy locations, it will probably never supersede the lancet, antimonials, etc., though it may in many cases be brought to their aid; but in malarious regions, ere long, it will generally be looked upon as the safest and most manageable contra-stimulant we possess, and at the same time one sufficiently powerful, while other agents of the same class will only be used to fulfill some casual indication or as adjuvants to this the powerful remedy."

This prediction has been partially realized, at least the lancet having gone into disuse, and the antimonials no longer retain their former popularity, while quinia is used to an extent and in a variety of cases unthought of then.

But notwithstanding these remarks have been incorporated in a standard work, and circulated throughout the length and breadth of the country for the past twenty-four years, their practical utility, in my opinion, is not understood or appreciated by many respectable practitioners, and it is the design of the present article to call attention to the antiphlogistic properties of quinia and Dover's powder, as displayed in the treatment of pneumonia.

It seems to me that we could scarcely desire, much less expect a better combination in the treatment of this disease than we have in quinia and Dover's powder.

In the beginning, a brisk cathartic, sponging the surface with warm water, and if the inflammatory symptoms run high, an emetic, are useful adjuvants, abating the fever and preparing the system for the administration of the quinia and Dover's powder, of which we usually give to an adult two grains of the former with five grains of the latter every four hours, and on the intermediate two hours a teaspoonful of a mixture composed of equal parts of wine of ipecac., comp. syrup of squills, and camph. tinct. of opium. In every stage, however rusty the sputa, or however

prostrate the system, we give quinia and Dover's powder with as much hope of subduing the disease as we would in remittent fever.

F. A. Simmons, M. D.

Rochester, Mo., Feb. 20, 1867.

Springfield Society for Medical Improvement.

Editor Medical and Surgical Reporter:

The above is the name of a Society which has recently been organized in Springfield, Massachusetts, in accordance with the general statutes made and provided, and which, in the main, patterns after a similar society in Boston. Its organization and objects are, in brief, as follows:

Secretary and Treasurer—G. S. Stebbins.

Cabinet Keeper and Librarian—W. W. Gardner.

Prudential Committee—V. L. Owen, M. Calkins, S. F. Pomeroy, A. R. Rice.

The objects of the Society are the cultivation of confidence and good will between the members of the profession, and the eliciting and imparting of information upon the different branches of medical science, and the establishment of a museum and library of pathological anatomy.

There will be written and oral communications, discussions upon the more important medical topics, a mutual interchange of thoughts and ideas, and the members of the Society intend to make it a *live organization*, and will labor for that advancement in medical science, which comes *only* from patient investigation, and through scientific research.

Secretary.

Tincture of Chloride of Iron Externally and Internally in Erysipelas.

Dr. Amos S. Jones, of Janesville, Wisconsin, writes:

"For the last three or four years I have used with perfect success, tinct. ferri hydrochloridi in all my cases of erysipelas. I use it both internally and externally. I use it internally in full doses, depending upon the age, sex, and constitution of the patient. I apply it freely in full strength externally, keeping the swollen and inflamed surface thoroughly painted with it. With the exception of an occasional cathartic, I use no other medicine in an uncomplicated case of simple, phlegmonous, or œdematous erysipelas.

"During April and May of 1863, I had charge of a ward containing all the worst cases of erysipelas collected from all the twelve military hospitals of Memphis, Tennessee, containing in all about 2000 patients. During that time I treated about one hundred cases of erysipelas, and not one of them died of that disease; and in all I adopted the above treatment. Many of them were very severe and frightful looking cases. I adopted the same treatment in several similar cases in the officer's hospital of Memphis, Tennessee, in which I had charge of a ward containing one half of the patients, during June, July, and August 1863; and with perfect success. I think tinct. ferri hydrochloridi, is almost a specific in those cases."

Two Cases of Abortion.

Dr. W. B. Tackett, of Preston, Georgia, gives the following account of two cases, in which abortion was most likely produced by means of some mechanical operation. He says:

"I have lately witnessed a couple of premature labors. Both complained of intense pain in the left iliac region extending over the crest of the ilium to the region of the left kidney. One had severe pain in the left hip-joint. Both miscarried in spite of all my efforts to prevent. Neither of them had ulceration of the os tincæ or ovarian disease. Both were widows. One, I am certain, had taken, some time previously, the gossypium without the desired effect. Would any drug they may have taken produce such pains? Or may they not have wounded the os uteri in attempting to rupture the membranes, and produced such pains thereby? Please give us your views on it in the next number of the Reporter.

Case of Inertia of the Bowels.—Prolonged Constipation and Death in an Aged Man.

Dr. T. C. Rogers, of Willow Grove, Delaware, writes:

"I was called to see David Marvel, Sr., of this place; he informed me that his attendant had given him a dose of salts a day or so before, with no effect. Asked me as a favor to mix him a dose 'in the right way, and of the right kind,' and I complied. He also complained of a pain in the left side and back, of which two arnica plasters (large size) soon relieved him. The salts operated to suit him. But strangest of all, he had no evacuation from the bowels for *forty-five days* thereafter. I would add that he took no medicine of any kind during this time, his diet, one quart of fresh milk daily till within two days before he had an evacuation, when he partook of pea soup and two or three sweet cakes. He died on the 13th of September, aged 93 years. His mental faculties were but little impaired. He had scores of relatives, voted at every Presidential election from Washington down, took a dram *three times* a day, *but no oftener*, for seventy years, used tobacco moderately, was the oldest man in this county, and was called 'Grandfather Marvel' by all."

News and Miscellany.

COMMENCEMENTS.

Jefferson Medical College.

The annual commencement of the Jefferson Medical College was held on Saturday, 9th inst., at Musical Fund Hall, in the presence of a large audience, composed chiefly of ladies. The professors and graduates met at the college building, and a few minutes of twelve o'clock, formed in line and proceeded to the hall. The Rev. John Chambers opened the exercises with prayer, after which the Hon. Edward King, LL.D., President of the institution, conferred the degree of Doctor of Medicine on the following gentlemen:

New Hampshire—John Tredick, jr.

New York—Paul D. Carpenter, S. J. Crockett, Ira E. Coe, Ashbel R. Otis—4.

New Jersey—Charles F. Hitcher, Albert Porch.

Pennsylvania—J. Newton Achuff, S. C. Allison, Wm. B. Ansley, J. A. Armstrong, C. A. Baker, J. W. Baker, A. C. W. Beecher, A. D. Bollinger, J. Boon, W. Gibson Bower, William Brower, H. F. Campbell, Robert J. Carroll, Felix F. Cassaday, Charles H. Clark, Daniel W. Coble, J. Guy Cunningham, T. E. Davis, R. Devereux, W. C. Ebaugh, R. A. F. Elliger, C. R. Evans, Jonathan N. Faust, Edwin K. Fernsler, Adam Frank, Hiram Gold, James Graham, John Graham, John W. Graham, Wm. E. Hall, M. P. Hayes, J. D. W. Henderson, Charles W. Hepburn, J. W. Heysinger, W. E. Hunsberger, David Kennedy, Luther B. Kline, John K. Knorr, jr., David Corey Lloyd, Webster B. Lowman, Amzi Le Bar, D. J. McCaa, J. McGinley, A. P. Meloy, J. W. Miller, T. J. Mullen, J. H. Mullin, R. J. Murray, J. S. Newton, James J. Oatman, Charles T. Orner, J. H. A. Patzki, Ellis Phillips, Wm. T. Porter, Geo. Purviance, Fred. B. Read, J. W. H. Reber, H. S. Reeser, M. S. Richards, I. M. Rockafeller, Wm. Rollman, Wm. Schmœle, jr., W. C. Stranahan. W. R. Thompson, C. W. Weaver. Joseph K. Weaver, Geo. B. Welser, Walter H. Wilson, M. L. Wolfe (M. D.), John F. Yost—70.

Delaware—John F. Carey, W. J. Hearn, Jas. I. Smith, Dennis J. Treacy, B. Whiteley, C. W. Williamson—6.

Maryland—F. A. Adams, H. H. Hill, Aaron A. Kretzer, J. T. Wilson—4.

Virginia—Richard H. Sims, P. G. Trent.

West Virginia—James M. Lee, P. B. Ogden.

North Carolina—W. R. Hollingsworth, Wm. H. Howde, Jefferson Scales, J. R. Smith—4.

Alabama—O. P. Rex.

Mississippi—C. Baskerville, jr., S. R. Dunn, J. W. Harris, W. H. Howell, A. J. Thomas—5.

Tennessee—Perley J. Aiken, F. K. Berry, Hugh D. Lapp, J. G. Earnest, James N. Lyle, A. D. Scruggs, Jas. Williams—7.

Kentucky—P. C. S. Barbour, Richard O. Cowling, W. P. Dobyns, G. A. Embry, F. H. Enders, Robert M. King, Sylvanus T. Lowry, Z. T. Martin, J. A. Maxwell, R. B. McNary, L. C. Nicholas, C. J. Renfro, Thomas J. Wilson, James T. Winlock—14.

Missouri—Jos. A. C. Brown, Lester C. Hall, P. L. Hurt—3.

Ohio—D. P. Bliss, A. E. Hall (M. D.), J. G. F. Holston, jr., Charles P. King, W. McKean, Geo. P. Willard—6.

Indiana—John Burton, W. F. Myler, Wm. M. Orth, D. Wagoner, B. Wallace—5.

Illinois—R. T. Higgins (M. D.), V. W. May, H. Schmalhausen, W. D. Sterling, Thomas J. Whitten—5.

Iowa—W. C. Earle, J. S. Watts (M. D.)

Kansas—O. C. Bender.

Texas—John C. Rosser.

Nova Scotia—George E. Buckley, R. B. Smith.

New Brunswick—William Botsford.

Germany—T. H. E. Gruel.

Mexico—J. B. Mears.

Dr. Dunglison, on bidding adieu to the graduates, as an officer of the faculty, congratulated them and wished them a happy career.

Dr. Biddle then delivered the Valedictory Address. Alluding to the duties and responsibilities which the graduates were about to assume, he said, that of all men, the physician should cultivate the most tender conscientiousness. He must not be slothful nor pleasure-seeking, but prompt, zealous, earnest—absorbed in his ministrations—a man apart.

There is no quality more necessary to a physician than a sympathetic bearing, the pledge of a heart in which Christian charity abounds.

They must not approach their fellow-man, as he lies stretched upon his bed of suffering, with the abstracted coldness of some

> Snow-crowned peak of science, towering high.

They must not regard him, in his struggle with disease and pain, as a mere subject for analysis and experiment—a case for record in their note-books. With whatever skill they might detect the morbid changes which were boldly before them, and apply the remedies which they require, their mission would be imperfect if they neglected the moral aid which is derived from a genial, cheerful, and encouraging demeanor. Such a manner is the most certain secret of success. Its inspiration is magical. It invests him who wears it with the attributes of an envoy from heaven.

And when all human means fail, as sooner or later they must, to avert the dreaded termination of sickness; when nothing remains but to await the inevitable hour, it is still a part of the duty of the physician alike to soothe the parting moments of the dying and to make the solemn event a useful lesson to the survivors.

The practitioner who would succeed, must be not only hopeful, but confident and trustful in the agents which he employs. Skepticism is not usually the vice of youthful minds. On the contrary, the young physician is more apt to err on the side of excessive action—*nimia diligentia*. But a firm faith in the work in which they were to be engaged was a necessity not only for their success but their happiness.

They should not attempt impossibilities. They should recollect that disease is only a depression of the vital powers—a deviation from the laws of health—and that it is not an entity to be attacked

and driven out of the system by violent and destructive expedient.

The commencement of the *Medical Department of the University of Maryland* came off with great éclat, at Holliday St. Theatre, Baltimore, on Saturday last. "The house was literally packed; showers of bouquets were thrown upon the stage to the graduates by the ladies." There were 75 graduates.

At the commencement of the *Missouri Medical College*, at St. Louis, recently held, the degree of Doctor of Medicine was conferred on twenty-one graduades, by Dr. J. N. McDowell. The ad-eundem degree was conferred on twelve practitioners.

The twenty-fifth annual commencement of the *St. Louis Medical College* was held on the evening of March 1st. Dr. Chas. A. Pope, President of the Faculty, then conferred the degree of Doctor of Medicine on fifty-three graduates, and the ad-eundem degree was conferred on four practitioners.

The *Buffalo Medical College* graduated a class of forty on the evening of February 26th. The Chancellor of the University, the Hon. Millard Fillmore, conferred the degrees. Prof. White made an address, in the course of which he alluded with much feeling to "the magnanimous Wilcox, the conscientious, scholarly Washburne, the accomplished and heroic Surgeon Irwin, and the faithful, zealous Butler," graduates of the College, all of whom lost their lives during the rebellion. The Valedictory Address was delivered by M. J. Potter, A. B., M. D. The exercises of the evening were closed with the benediction by the Rev. Mr. Witherspoon.

American Medical Association.

The Eighteenth Annual Meeting of the American Medical Association will be held in Cincinnati, on Tuesday, May 7th, 1867, at 11 o'clock, A. M.

The following Committees are expected to report:

On Quarantine, Dr. Wilson Jewell, Pa., Chairman.

On Ligature of Subclavian Artery, Dr. Willard Parker, N. Y., Chairman.

On Progress of Medical Science, Dr. Jerome C. Smith, N. Y., Chairman.

On the Comparative Value of Life in City and Country, Dr. Edward Jarvis, Mass., Chairman.

On Drainage and Sewerage of Cities, etc., Dr. Wilson Jewell, Pa., Chairman.

On the Use of Plaster of Paris in Surgery, Dr. Jas. L. Little, N. Y., Chairman.

On Prize Essays, Dr. F. Donaldson, Md., Chairman.

On Medical Education, Dr. S. D. Gross, Pa, Chairman.

On Medical Literature, Dr. A. C. Post, N. Y., Chairman.

On Instruction in Medical Colleges, Dr. Nathan S. Davis, Ill., Chairman.

On Rank of Medical Men in the Army, Dr. D. H. Storer, Mass., Chairman.

On Rank of Medical Men in the Navy, Dr. W. M. Wood, U. S. N., Chairman.

On Insanity, Dr. Isaac Ray, R. I., Chairman.

On American Medical Necrology, Dr. C. C. Cox, Md., Chairman.

On the Causes of Epidemics, Dr. Thomas Antisell, D. C., Chairman.

On Compulsory Vaccination, Dr. A. N. Bell, N. Y., Chairman.

On Leakage of Gas-pipes, Dr. J. C. Draper, N. Y., Chairman.

On Alcohol and its Relations to Man, Dr. J. R. W. Dunbar, Md., Chairman.

On the Various Surgical Operations for the Relief of Defective Vision, Dr. M. A. Pallen, Mo., Chairman.

On Local Anæsthesia, Dr. E. Krackowitzer, N. Y., Chairman.

On the Influence upon Vision of the Abnormal Conditions of the Muscular Apparatus of the Eye, Dr. H. D. Noyes, N. Y., Chairman.

On the Comparative Merits of the Different Operations for the Extraction of Vesical Calculi, Dr. B. I. Raphael, N. Y., Chairman.

On the Therapeutics of Inhalation, Dr. J. Solis Cohen, Pa., Chairman.

On the Deleterious Articles used in Dentistry, Dr. Augustus Mason, Mass., Chairman.

On Medical Ethics, Dr. Worthington Hooker, Conn., Chairman.

On the Climatology and Epidemics of Maine, Dr. J. C. Weston. Of New Hampshire, Dr. P. A. Stackpole. Vermont, Dr. Henry Janes. Massachusetts, Dr. Alfred C. Garratt. Rhode Island, Dr. C. W. Parsons. Connecticut, Dr. B. H. Catlin. New York, Dr. E. M. Chapman. New Jersey, Dr. Ezra M. Hunt. Pennsylvania, Dr. D. F. Condie. Delaware, Dr. — Wood. Maryland, Dr. O. S. Mahon. Georgia, Dr. Juriah Harriss. Missouri, Dr. Geo. Engelman. Alabama, Dr. R. Miller. Texas, Dr. Greensville Dowell. Illinois, Dr. R. C. Hamil. Indiana, Dr. J. F. Hibberd. District of Columbia, Dr. T. Antisell. Iowa, Dr. J. W. H. Baker. Michigan, Dr. Abm. Sager. Ohio, Dr. J. W. Russell.

Secretaries of all medical organizations are requested to forward lists of their Delegates as soon as elected, to the Permanent Secretary.

W. B. Atkinson,
215 *Spruce St., Philadelphia, Pa.*

Hoff's Malt Extract, Before the New York Academy of Medicine.

This preparation, appears to be a fermented liquor, depending, for whatever medicinal qualities it may possess, on bitter extractive, the saccharine principle, and slight stimulating prope ties.

New York, Feb. 12, 1866.

Mr. Hoff, Dear Sir: In reply to your inquiry as to the action taken by the New York Academy of Medicine in reference to Hoff's Extract of Malt, which was submitted to it for examination some weeks since, I have to inform you that the Committee of three to whom it was referred with directions to report upon it, took the matter into careful consideration, and on the sixth inst. a majority of the committee presented a report thereon, of which the following is an extract:

This letter and the following report are signed

by the Chairman of the Committee, Dr. John H. Griscom.

Report of the New York Academy of Medicine.

"The Committee have ascertained to what they consider a sufficient extent, the ingredients of the article, and also its mode of preparation, and they have reason to believe that it differs in some marked particulars from the usual preparations of malt, known under the names of beer, ale and porter, and they believe it calculated to act as a mild tonic, and to a certain extent as a nutriment in some cases, in which the ordinary malt liquors might not be found to agree, especially in consequence of the moderate quantity of alcohol it contains in comparison with them, and they feel justified in recommending it to the profession for trial in appropriate cases."

Mal d'El Douren,

Is the name given to a disease to which the horse has of late years been subject in France and Algeria, and which has been supposed to be a species of syphilis, but from a description of the disease, which we find in the *Turf, Field and Farm*, published in New York, we can discover no nearer analogy between it and syphilis in man, than that both have their origin in the genital organs.

"The affected horse loses appetite almost completely; waste of flesh and marked physical debility ensue; and in extreme cases, paralysis of one or more parts of the body precedes the death of the animal. The lesions most constantly met with in the internal parts by *post-mortem* examination, are softening of the spinal cord, and effusion of liquid between the membranes that encase it. M. Viardot found, in some of the animals examined by him, an abnormal amount of serum in the ventricles of the brain, and softening of the cerebral substance."

The disease seems to have its origin in a zymotic poison, and to acquire all its frightful characteristics from neglect, for it would appear to be quite amenable to treatment, locally, by mild detergent and astringent lotions, and by cleanliness, and internally, by nutriment and powerful tonics, strong beef tea, and the preparations of iron and arsenic.

"Although so closely the congener of human veneral disease, as this singular affection of the horse is shown to be, it will please the friends of this noble animal to know that the *Mal d'El Douren* is, when rightly managed, thoroughly curable, and "leaves not a wreck behind." The sufferer becomes, after recovery, just as valuable for labor and the purpose of reproducing his species, as he was before the attack."

—— Intelligence has been received of the decease, on the 27th of January, of Dr. Russell B. Brownell, of Sharon, Conn., at a place about twenty miles above Edson, on the River Nile, in Upper Egypt. Dr. Brownell, who was in delicate health, had been making the tour of Egypt with a party of American gentlemen, most of whom were from New York. No particulars of his decease have yet been recieved.

Army and Navy News.

NAVY.

List of changes in the Medical Corps of the U. S. Navy, for week ending March 9th, 1867.

Surgeon C. Eversfield, ordered to be detached from duty at the Navy Yard, New York, on April 1st, 1867.

Surgeon George Peck, ordered to report for duty at Navy Yard, New York, on April 1st.

Surgeons J. M. Greene, and L. B. Hunter. ordered to duty as members of the Retiring Board, Philadelphia.

Augustus T. Piek, M.D., appointed and commissioned an Assistant Surgeon, from February 25th, 1867.

MARRIED.

Boyer—Harter.—On Feb. 28th, by Rev. M. J. Miller, Mr. Thomas W. Boyer, of Dayton, and Miss Delia G., daughter of Dr. M. G. Harter, of Troy, Ohio.

Garrett—Rowland.—In Philadelphia, on the 20th of February, by the Rev. John Chambers, Willis Austin Garrett, of Westtown, Chester co., and Sallie F., daughter of Dr. Rowland, of Media, Pa.

Kinney—Thomson.—At Fair Haven, Conn., March 7th, by the Rev. J. Logan Tomlinson, John Coddington Kinney, of Laurel Grove, Fla., and Miss Sarah E. Thomson, daughter of Dr. C. S. Thomson, of Fair Haven.

Rives—Hess.—On the 8th inst., at the parsonage, No. 232 North Thirteenth street, by the Rev. T. A. Fernley, Oran A. Rives, M. D., and Miss Amelia N. Hess, of this city.

Spratt—Thompson.—Nov. 20, 1866, at the residence of the bride, by the Rev. J. K. Andrews, W. R. Spratt, M.D., and Miss Nancy A. Thompson, both of Malvern, Ohio.

Tindle—Wood.—Tuesday, March 5th, by the Rev. Wm. Preston, D. D., Robert M. Tindle, M. D., and Alice Josephine, daughter of James Wood, Esq., all of Pittsburg.

Williams—Lyon.—On the 16th of January, 1867, at Corsham Church, Wiltshire, England, by the Vicar, the Rev. Jas. B. Smith, M. A., Wm. E. Williams, Jr., M. D., of Philadelphia, and Mrs. Catherine Lyon, late of Australia.

Wilson—Dare.—On Dec 27, 1866, by Rev. Henry A. Boardman, Dr. Geo. W. S. Wilson, of Philadelphia, and Miss Sallie E. Dare, of Bridgton, N. J.

DIED.

Johnson.—In Binghamton, N. Y., Jan. 2d, 1867, Dr. Charles Hatch Johnson, of Otsego, Allegan co., Mich., aged 31 years, son of the late Rev. Leonard Johnson.

King.—At Honesdale, Pa., March 6, Dr. O. King, in the 69th year of his age.

Lamb.—Feb. 27th, Dr. Robert P. Lamb, of Venice, Ohio.

Ruggles.—In Brooklyn, March 10, Edward Ruggles, M. D.

Slack.—Suddenly, at Fishkill, on Hudson, March 3, Mary Steele, daughter of Dr. Henry and Frances M. Slack, aged 2 years and 5 months.

Turner.—March 9, at his residence in New York, Alvan H. Turner, M. D.

METEOROLOGY.

February,	25,	26,	27,	28.	M. 1,	2,	3.
Wind	N. W.	W.	N. W.	N. W.	N. E.	N. W.	N. E.
Weather	Cl'd'y.	Clear.	Clear.	Clear.	Cl'dy. Rain.	Cl'dy. Rain.	Cl'dy. Snow.
Depth Rain						7-10	
Thermometer.							
Minimum	28°	31°	27°	30°	42°	40°	26°
At 8 A. M.	32	37	36	41	48	50	28
At 12 M.	35	41	42	49	51	57	33
At 3 P. M.	36	43	44	50	52	58	34
Mean	32.75	38.	37.25	42.50	48.25	51.25	30.25
Barometer.							
At 12 M.	30.3	30.3	30.5	30.3	29.8	29.6	30.2

Germantown, Pa. B. J. Leedom.

THE

MEDICAL AND SURGICAL REPORTER.

No. 525.] PHILADELPHIA, MARCH 23, 1867. [Vol. XVI.—No. 12.

Original Department.

Communications.

CONTINUED EXTENSION IN MUSCULAR DEFORMITIES.

By Henry G. Davis, M. D.

[Read before the N. Y. Medical Journal Association.]

Although the subject of this paper may appear trite to many in the profession, yet we hope to render it interesting by reason of the practical use to which we shall apply it.

As the term extension has long been familiar as a surgical term, but in a sense very different from that in which it will be used in this paper, it becomes necessary to define its import. To do this in as concise a manner as possible, we prefix to it "continued." We have been heretofore, in the habit of using the term elastic, but here substitute *continued*, as conveying more directly an idea of the process. Therefore, whenever the term extension is used, we mean by it *continued extension*, or a constant pulling, in distinction from pulling to a certain point and there fixing the part extended, as is the fact when the screw is the extending medium. This distinction is of the utmost importance, and is the distinguishing characteristic of *the* mode of effecting extension, which we had the privilege of introducing to the notice of the profession many years since.

By the former process, the parts after being brought tense by the screw, remained thus fixed until changed by some person.

On the contrary, when continued extension is applied, the parts are being pulled unremittingly.

It is a well established physiological fact, that muscular fibre must be allowed alternate relaxation; if it is not, the muscle soon becomes exhausted and loses its power of contracting, consequently a continual pulling must exhaust, and overcome any muscle, when the force is in proportion to the power of such muscle.

We have thus far spoken only of the effects of continued extension upon muscle in reference to its contractile quality.

There is another effect of continued extension, equally or more important, in which all the soft tissues share in common, tendon and ligament being no exception. I wish to be understood as distinctly stating it as a law, that, if the soft tissues are maintained unremittingly tense, they actually elongate. Let it be remembered that this elongation takes place only when they are tense. It is not essential for our purpose that we should be able to show how they elongate. Our theory is, that the new material being deposited unorganized, when it becomes so, must be more lax than the old fibre which is put upon the stretch, hence there must necessarily be a gradual gain; but the manner is immaterial so long as the fact remains, of which we can take advantage.

In order that these fundamental principles may the more easily be remembered, we will put them in the form of propositions.

1st. That muscular fibre if placed under a continual pulling force (continued extension) loses its contractile power, by reason of exhaustion.

2d. That all of the soft tissues, ligamentous and tendinous fibre not excepted, when kept unremittingly tense, do actually elongate.

3d. If any of the soft tissues are placed unchangeably in a lax condition, they actually shorten.

The last proposition it will be observed, is the converse of the second, and in surgery is of equal importance with it.

In deformities, for instance, it is as important that the soft tissues already at an unnatural length should shorten, as that those preturnaturally shortened should be lengthened. The results of elastic extension under such circumstances, gives us one of those beautiful reciprocities in mechanics that so often surprise us. They seem to come to our aid just at the time necessary to enable us to accomplish two results from the operation of one process.

As I claim the application of this mode of making extension as a *remedial measure* in diseases of the joints, through all their stages, also when there is disease external to the joint, if such disease compel the patient to retain the joint in a fixed position, it is requisite that every thing that has nearly approached this plan,

should be candidly stated. The only instance in which continued extension was employed during the progress of disease in a joint, prior to its adoption by me, which I have found recorded in medical history, was by Sir Benjamin Brodie, in his work on diseases of the joints.

Before detailing the manner of making the extension, he gives the principles upon which he bases his treatment, in the following language: "*It is absolutely necessary in the treatment of ulcerated joints, that the patient should be confined to the bed, &c.*" and "*Some contrivance may be employed having for its object to maintain the diseased joint in a state of absolute immobility, and this should always be regarded as one of the principal points to be attended to in the surgical treatment.*" Thus it appears, that, *whatever the apparatus used,* Sir Benjamin Brodie regarded *absolute immobility* as the object desired.

This is mentioned to show, that although he afterwards, in one case, speaks of extension by a cord, weight, and pulley, it was without the idea of separating the diseased surfaces of the joint, or of employing it as a remedial measure. The latter is evident from the fact that he did not continue its use; neither has any member of the profession employed it since his time. so far as we have been able to discover.

The passage referred to in Sir Benj. Brodie's work, is this:

"*At a later period* (of the disease) *when, in consequence of the extensive destruction of the articulation,* the muscles begin to cause a shortening or retraction of the limb, I have found great advantage to arise from the constant application of a moderate extending force, operating in such a manner as to counteract the action of the muscles." It is evident from this statement, that this eminent surgeon did not recognize the pathology upon which continued extension is founded, and the same may be said to be as equally true of the profession since his time.

It was in consequence of the discovery that it was the pressure upon the diseased surfaces of joints, (and first noticed in those of the vertebral column), that gave rise to those severe neuralgic pains so peculiar to this affection, that we were led to the adoption of continued extension as the most efficient means for counteracting the action of the muscles producing the pressure, and at the time it was adopted by us (twenty-five years since), we were not aware of this passage in Sir Benjamin Brodie's work.

Continued extension can be applied advantageously for a large variety of maladies.

1st. To fractures, whenever extension is required. It entirely overcomes the contraction of the muscles, keeping them in a state of perfect rest, maintains the parts at their original length; confines the fractured bones in their normal positions, employing the soft tissues surrounding the fracture, as coaptating splints; it removes almost entirely the pain, irritation, and injury resulting from the points of the fractured bone, passing into, and wounding the tissues with which they come in contact. When the bone is comminuted and not separated from the enveloping tissues, this mode of extension uses the soft tissues connected with these fragments as so many threads to draw them to their places. In a compound fracture, this extension compels the straggling parts to come into position, thus putting them in the most favorable position possible to unite by the first intention. This mode of extension saves the patient much suffering, and consequently aids in removing an element that may endanger life. In severe injuries, this relief from pain is of incalculable value, and we fear its importance is not always sufficiently considered by the surgeon.

This mode of making extension in fractures, was *urged* by us upon the notice of the profession, in the columns of the *American Medical Monthly*, published in New York city, in the early part of the year 1856.

In fracture of some of the bones, as the patella, the processes, etc., etc., also, in diseases of some of the joints, the ankle for instance, it is difficult, and sometimes impossible, to make the extension from the bone separated, or from the parts beyond the joint. In such cases the adhesive straps can be applied over the bellies of the muscles to be overcome, then the extension made by means of the adhesive straps. Extension by this process is more effectual in overcoming the contraction of the muscles, than when made from the parts into which the muscles are inserted. In treating fracture of the patella, the parts are left so free that they can be raised by the fingers and moved in any direction. Consequently, it requires but a slight force to keep the fractured parts in apposition.

Detailed descriptions of the application of this mode of applying extension, accompanied with cuts, will be found in my work upon Conservative Surgery.

Dislocations.

In recent cases this plan of extension may not be necessary, as most of them can be readily reduced by manipulation, or in connection with temporary extension. It is in cases of long standing, when the ligaments, muscles, and all the

surrounding tissues have become actually shortened, that continued extension affords us the only sure and safe means of effecting a reduction.

It will be recollected that our second proposition was, that all the soft tissues, (ligaments and tendinous fibres not excepted,) when kept unremittingly tense, do actually elongate. Here, then, we are in possession of sure means, by which we can overcome all the obstacles to the reduction of any dislocation, of however long standing. We have reduced luxations of the hip into the thyroid foramen, and upon the dorsum of the ilium of four, six, and in one case of fourteen years standing. A dislocation of twenty years can be reduced with as much certainty by this plan, as one of twenty minutes by any other process. The certainty of an equally good joint in each case, of course, is not to be expected.

This mode of extension meets a class of cases that heretofore have been in a measure beyond the reach of our art. I allude to congenital dislocations. In these, the muscles and the weight of the body are constantly forcing the dislocated portion of the joint further and further from its normal locality. This is particularly the case in congenital dislocation of the hip. By continued extension these dislocations can be reduced, yet they do not afford the same encouragement for a good joint, that is given when the dislocation occurs after the parts are fully formed. In congenital dislocations there is frequently a deficiency of some of the integral parts of a joint. After the limb is brought down to its full length, it should be maintained there unchangably, while at the same time, *very* free and frequent passive exercise should be given it, in order that the parts may become so consolidated, as to perform all the functions required of them.

Deformities.

In this class of difficulties, we have a large field for the application of extension, as most of them are dependent upon some abnormal condition of the soft tissues. In a large majority, the muscles, ligaments, etc., upon one side are actually shortened, and any attempt to restore the parts to their normal position is met by the resisting force of these tissues. Formerly, it was considered imperatively necessary to divide these tissues, hence tenotomy, and myotomy, etc., came into fashion. By means of continued extension, all this cutting is avoided, and what is of more consequence, we can now accomplish two essential processes at the same time, to wit, lengthen the tissues, and while this is being accomplished, the tissues that *would* become lax in consequence of the restoration of the bony structure to its normal position, are not reproduced at their former length; the result is, that all the soft tissues involved in the deformity, gradually assume their normal length as the bony structure is brought into position.

This change is productive of the most admirable results in the treatment of the various forms of talipes. By this mode, the muscles in talipes that have ceased to perform their functions, can be brought into position and exercised until they acquire their full strength. As the brain ceases to recognize muscles that are thrown out of use, whether by position or other cause, we can conceive of no other way in which a case of talipes can be perfectly restored. In order that those muscles that are physiologically paralysed may be functionally restored, they should be unrestrained by apparatus, for the inability to use them, in consequence of their malposition, has been the reason why the brain has ceased to affect them. When untrammeled, they can be educated and their function recovered. These are important considerations, for by them we are enabled to restore both form and function, whereas by the old process only the form could be restored without the function.

Time will not permit of giving in this place the mode of treating the varied deformities dependent upon a change in the soft tissues. If any one is sufficiently interested in this mode of treating deformities to pursue it in detail, they will find in my work recently published by the Appleton's, entitled Conservative Surgery, a variety of illustrations of the appliances necessary for carrying it out.

It will be noticed that all deformities dependent upon a changed length of the soft tissues, are amenable to this process.

Joint Diseases.

The profession are more familiar with the treatment of disease in the joints by continued extension, than with its application for any other purpose. So great is the relief afforded by this form of extension in the disease of the joints, that it may be said to allay every important symptom. To fully appreciate the advantages derived from it, it is necessary to understand distinctly the principal urgent symptoms which the extension removes. Allow me first to state, that the pressure upon the diseased surfaces is caused principally by the action of those muscles that are so placed in reference to the joint diseased, that firmly bring the opposing surfaces of the joint in contact during their contraction. This pressure not only gives rise to the severe neuralgic pains, but it prevents the nutrition of

the parts pressed upon, a process similar to that going on in the production of a bed-sore; consequently, it is an ever-present destructive agent in these cases; and so long as the pressure continues, it would appear impossible that any restoration could take place in the parts pressed upon.

Continued extension, by fatiguing the muscles, entirely removes the pressure, and this removal relieves the agonizing pains so peculiar to ulcerated joints, while at the same time the separation allows the ulcerated surfaces to heal. After the pain and irritation is relieved, the patient is enabled to rest quietly; has a refreshing sleep at night; the appetite is restored; food is enjoyed, and the body is nourished by it. There is no mechanical hindrance to the restoration of the diseased parts, and as the pain and suffering are removed at the same time, we have to contend only with the innate constitutional difficulties.

The separation of the diseased surfaces in ulcerated vertebral joints, is as essential as in those of the knee or hip. The mode of effecting it in the spinal column is different, inasmuch as each vertebra has two points of support anteroposteriorly, and as the posterior supports, (the oblique processes,) are seldom, if ever, diseased, we can throw the weight of the body above the diseased vertebra upon these healthy supports. This mechanical arrangement of the vertebra, as affording the foundation for a new mode of mechanically treating Pott's disease, we believe was first pointed out by us, and it has been the basis of our treatment of this disease for the last twenty years. In the March number of the *American Medical Monthly* for 1856, published in New York, pages 210—14, in a paper on *Deformities and their Remedy*, we used the following language: "The common mode of constructing apparatus to sustain the weight of the body upon crutches is utterly useless, as the crutch impinges directly against the bundle of blood-vessels and nerves that meet in the axilla, upon which, not even the weight of the arm can be borne, much less that of any additional portion of the body." In the May number of the same journal, page 327, we state that the body and oblique processes afford the only perpendicular support to the spine, etc. Then it is stated further, that it is this form of the vertebra which enabled us to make use of the whole spinal column as a *lever*, to restore it. "*By apparatus, we are enabled to throw the entire weight of the superincumbent body upon the oblique processes, and thereby separate the bodies of the vertebra adjoining that diseased from it, the contact of which were constantly irritating each other, and producing absorption. This replacement is advantageous, not only in restoring the figure, but by the removal of all mechanical irritation and pressure.*" These facts are here mentioned in consequence of a statement made in a paper read before the New York State Medical Society at its annual meeting in 1863, by Charles Fayette Taylor, M.D., of New York. He there not only fails to mention the previous publication of these views of the pathology and the mechanical treatment based upon it, but says: "In all the instruments which I (Taylor) have examined, there has been but one idea on which their construction has been based. All these instruments are made with the one idea of making counter-extension from the hips to the shoulders. From a band around the waist, or resting on the hips, some form of *crutches* are erected to the armpits, and upon this slight support has all the relief to be derived from instrumental aids depended." This statement is made by Dr. Taylor, notwithstanding the fact that we had for the last twenty years made use of the spinal column as a lever, and our apparatus as another, and this was done *without any form of crutch.*

This is brought to the notice of the profession as a matter of history.

In joint diseases, if continued extension is applied through all their stages, and with sufficient force to separate the surfaces of the diseased bones, there will seldom be found so great a quantity of pus as to require an external outlet; the absorption will be equal to the secretion.

In order to effect the best results by extension, it should be sufficient to separate the diseased surfaces; it should be constant, and if possible, never interrupted until the ulcerated surfaces have been for some months healed.

If the inquiry is made, what proportion of cases of ulcerated joints can recover without the loss of the joint by this mode of treatment, the answer would be, judging from our experience, that a large majority would be left with a useful joint, provided the treatment by continued extension is applied in the first stages of the disease, and most of them, even after the destruction of the cartilages.

Extension can frequently be employed to advantage in the preparation of parts before a surgical operation for the removal of an unsightly or inconvenient cicatrix arising from a burn or other cause. By elongating the skin for several days or weeks by means of continued extension, a much smaller amount of new material will be necessary to supply the place of that removed, and in such cases the parts might be brought to-

gether, after the removal of the cicatrix, without the addition of any new material. In operations for hare-lip, when the parts are so deficient as to endanger the success of the operation, by reason of the strain upon the stitches, the operation would be rendered much more certain and easy, if the parts were first made lax by approaching the soft parts by means of extension by adhesive strips.

In those cases where the teeth are imperfect in front and the mouth is flattened, it will be advisable to prevent a further compression by placing a segment of a circle of thin metal or wood over the flattened parts to prevent further compression while the extension is in progress.

There remains one other important application of continued extension, to which I would invite your earnest attention.

In 1854, a paper was published in the *American Med. Monthly*, of this city, in which I described in detail the philosophical mode of developing the chest. I would again call your attenattention to the subject, to show that the principle involved in my first proposition is the one upon which we are to rely in making efforts to enlarge the cavity of the thorax. In the first place, a portion of the act of respiration is simply a mechanical one. The ribs and diaphragm are so placed and arranged, that by the act of inspiration a vacuum is produced, into which the air rushes, for the same reason that it enters any vacuum, and not from any power we possess of drawing in the air, as would appear from popular phraseology. It follows then, that the larger the vacuum we are able to produce, other things being equal, the greater the amount of air that will enter to fill it, and consequently the air-cells of the lungs. It is for the purpose of increasing the ability to produce this essential part of the act of respiration that I would make use of extension. My third proposition was, if the soft tissues remain unremittingly lax for any considerable length of time, they actually shorten.

It follows then, if a man with a thorax that will enlarge by inspiration until a vacuum of sixty cubic inches is produced, should for any reason fail for months or years to raise it above a capacity of forty cubic inches, he will in the end lose the use of his chest to the extent of twenty cubic inches. This result would follow as certainly in a chest originally large, as in one much smaller, hence an originally large chest may become so confined as to limit its capacity, when extended, to a less volume of air than one much smaller that is unrestrained in its expansion. This fact should be kept in remembrance, because it is sometimes asserted that persons with large chests originally, die with phthisis; by this we can see how it may occur. It is not the size of the chest *per se*, but the difference between its internal dimensions during the act of expiration and that of inspiration, as this difference is its capacity for receiving air. It is for the purpose of liberating the ribs, and thereby allow of their being raised to that point which will give the largest dimensions to the cavity of the thorax, that I would apply continued extension. It is not unfrequently remarked by the profession, that such a person will not die of phthisis, because he has so large a chest. Why then should not the chest of every person, when the muscles, ligaments, etc., are elongated so as to admit of expansion to its fullest capacity, be a good guarantee against phthisis?

The muscles inserted into the arm and scapula, that arise from the ribs and sternum, are so many fastenings by which we can hold the chest expanded, and thereby enlarge it by extension. We have seen the circumference of the chest, by extension through the arms, increased several inches in a few weeks. The reception of this additional amount of air increases the power to assimilate food in the same proportion. We have no doubt many cases of habitual dyspepsia are owing in a great measure to an insufficient respiration. Did time permit, this subject would be found extremely interesting in detail.

Thus I have presented some of the principal purposes to which continued extension has been applied, together with its advantages, but its full value to our profession as an aid in overcoming many of the difficulties that come under our cognizance, cannot at present be fully appreciated.

A CASE OF TYPHUS FEVER WITH CEREBRO-SPINAL SYMPTOMS, AND INTERCURRENT PNEUMONIA OF THE APEX OF THE LUNGS.

By Jos. Adolphus, M. D.,
Of Hastings, Michigan.

Willie ——, a boy æt. 10, of feeble constitution, pale and puny, of a nervous lymphatic temperament, dark blue eyes, iris large and open, fair complexion, light brown hair, is of weight, in ordinary health, 96 pounds.

I was called to see him Dec. 3d, 1866. He had then been ill six days, and under the care of another physician, who had discontinued his visits believing the case hopeless.

The condition of the case when I saw it, was that of a low grade of typhus fever with the peculiar macular eruption; heat of skin, disturbed mental faculties, and frequency of pulse. Wine, beef-tea, and milk, were immediately ordered, and the body was sponged with acetic acid and

water, which treatment lowered the pulse four beats, lessened the pungent heat of skin, and reduced the delirium somewhat by the 5th.

6th. I was called in haste to see the boy, and found cerebro-spinal symptoms coming on. He had complained during the night of headache, which gradually grew more severe, attended with nausea, and he vomited once. He then complained of rachialgia. The spine was quite sensitive to pain. He soon commenced making a loud noise, which was in an hour or two followed by rigidity of the muscles of the neck and back, which resulted in contraction. On the surface of the abdomen, neck, and back, were seen a few livid petechial spots. The pulse was not increased in frequency above what it was the day before, nor was the skin any hotter.

The treatment that was adopted at this juncture, was that which has been usual with me I gave forthwith, a tea-spoonful of saturated tincture of green root of the gelseminum, and ordered beef essence enemas. On the fourth dose of the gelseminum, after hourly repetitions, the nervous symptoms were reduced, but exchanged for those of a different character; eight hours later, in place of the muscular rigidity, delirium, noise, and furiousness, stupor came on.

8th, 7 A.M. I saw the boy and found the violence of the preceding day changed to another condition, so opposite, that I was not a little surprised. His condition at this time, was that of the lowest condition of the worst grade of typhus. The boy lay dull and stupid, pupils widely dilated; pulse 120; respiration 36; skin hotter; body covered with petechial spots; tongue dry, brown, and *broad;* breath offensive; sordes on teeth. These symptoms were fully developed by 11, P.M., on the 9th, at which time he was passing the contents of the rectum and bladder, unconsciously in bed. Constant movement of fingers, hands, and arm, picking the bed clothes and in the air. Occasionally a sigh or a moan would escape him.

10th. The above symptoms were fully developed by noon. At 8 P.M., it was with difficulty that he was aroused, and then he would make no intelligible answers to questions. The pulse was weak, and frequent, heart's action labored.

At noon on the 9th, he was ordered.

℞.	Chloroform,	f ʒij.
	Morph. acet.,	gr. ij.
	Tinct. cannab. Ind. (saturated),	♏xx.
	Ol. menth. pip.,	♏v.
	Cimicifuga, (saturated),	
	Glycerine,	āā f.ʒiij. M.

Of this twenty drops were given every hour.

The beef essence and milk still kept up.

Under the above treatment, all the symptoms remained unchanged for thirty-six hours.

But I should remark here, that during this time, the *pupils gradually contracted* under the above treatment, which indeed, was the first symptom, so far as I could see, and the only one that manifested any change for thirty-six hours under the chloroform treatment.

11th. Symptoms somewhat changed. The boy was more conscious, the petechial spots not so livid, and had faded very much both in color and size. Pulse, tongue, and heat of skin, as before. The dose was then reduced to ten drops every hour.

12th. Nervous system much more braced, the jerking movements of hands and arms very much diminished, and the picking in the air and clothes very nearly ceased. Pupils considerably smaller, and he complains of the light hurting him; pulse, at 8, P.M., a little stronger and fuller, and less frequent by six beats.

13th. This morning the boy complains of a frontal headache again. Pulse more frequent and respiration more hurried. Ordered an enema of broth, ʒvj. sodæ, sulphite, ʒj. He retained the enema three hours. It was then repeated, and his bowels were moved half an hour after, no motion having occurred since the eleventh.

14th. Breathing more hurried: pulse quick and sharp, 124; a little cough.

6, P.M. I detected intercurrent pneumonia on apex of left lung, involving four inches of tissue. Tinct. digitalis in two-drop doses was ordered; a mush-poultice over the whole chest; in fact the boy was encased in it. Poultice to be often renewed; carb. ammon. was mixed with them; which, I fancied had a most marked effect in making the boy comfortable, and increasing the activity of the skin.

15th. A little more crepitant rale this morning, and somewhat more resonant, but the difference is quite small. Ordered,

℞.	Quin. sulph.,	ʒss.
	Acid. hydro. chl.,	♏xxx.
	Glycerine,	f.ʒxviij. M.

Teaspoonful every four hours, with four drops tincture of digitalis. At 10, P. M. ordered eight drops Magendie's, solution of morphia, to be repeated at 4, A. M.

16th. Rested better night previous and is quite refreshed; nervous symptoms nearly all gone; crepitant rale diminished; circumference of dulness decreased somewhat. Appetite improving; pulse 100; respiration 32; headache only occasional, tongue growing cleaner; skin more comfortable and relaxed; spots nearly all gone, pro

stration quite severe. The boy cannot turn himself in bed.

17th, 18th, 19th. Symptoms the same; improvement quite slow, pulse unsteady as far as frequency is concerned. Sometimes, it will rise to 110 from noon till midnight, and between then and 1, P. M. will fall to 95. This symptom of the pulse is often found in low fevers, just about convalescence.

20th. Cough still harassing, and the prostration of the muscular system still prevails. From 20th to 25th complained all the time of headache, and restless at night; apex of left lung still involved, and but little if any improvement has occured up to this date.

Ordered this day, John C. Baker's cod oil, f.℥viij, lime water f.℥v, a teaspoonful four times a day.

28th. Much improved; pulse 96; respiration 30; headache nearly gone; appetite very much improved; cough less urgent; more resolution effected in lung.

Jan. 5th. Improvement very great indeed; cough nearly all gone; pulse 90; respiration 24; skin cool, and natural; eats and sleeps well—continue cod oil.

Jan. 15th. The boy is now all right, and can play about the house, though his emaciation is frightful. He is literally nothing but skin and bones; pulse 80; respiration 20; continue cod oil.

There is one symptom I omitted to mention, and that was strabismus of both eyes inward, but the left eye, very much more than the right. The cross eye is still to be seen, and is nearly as prominent now as four weeks ago. During the whole period of the disease, new milk, buttermilk, beef essence, hydrochloric acid, quinia, and glycerine, were used. The digitalis seemed to be of great service in maintaining the strength of the heart's action.

But the action of the cod oil was the most marvellous in restoring the integrity of the lung, and other tissues, and giving strength to the exhausted molecular life, and restoring the elements of repair and growth. The nervous prostration that came on after the cerebro-spinal symptoms were developed, could not be attributed to the gelseminum, inasmuch as that agent really arrested the violent symptoms, which no doubt would have progressed further and been more troublesome.

—— The resignation of Assistant-Surgeon Edward De W. Brenneman, who has been on duty at Gen. Grant's headquarters for a long time, has been accepted.

BLOODLETTING THEN AND NOW.

By C. H. Spillman, M.D.,

Of Harrodsburg, Kentucky.

Fully persuaded that a proper conception of the *modus operandi* of bloodletting as a therapeutic agent, is an important *desideratum* in our profession, I propose to throw together, in as small a compass as may be, the results of inductions drawn from observation and experience, with special reference to this subject, running through a period of 35 years.

Believing, as I sincerely do, that the prevailing doctrines on this subject are unphilosophical, and lead to disastrous practical results, I read, with much pleasure, Dr. Wilson's "Plea for the Lancet," in Vol. xv., No. 24 of the Reporter, as indicating a disposition on the part of the profession, to a more thorough examination of the subject, which, I doubt not, will lead to more rational views.

When I first came upon the arena in 1832, I was not long in becoming convinced that the lancet was used too indiscriminately, and sometimes to an injurious extent. I did not bleed as much as my neighbors, because I met with a number of cases that I could as easily and more safely control without than with it. In many others, however, it was a *sine qua non* to success.

How stands the matter now? Although diseases are the same, climate the same, morbific agencies the same; although organic structure is the same, vital susceptibilities the same, involving the same therapeutical relationships, pointing to the same indications of cure; yet such has been the revolution in the medical mind, that, at the present time, a large proportion of living practitioners rarely employ bloodletting as a remedial agent, and quite a number discard it altogether. Many of our late writers on therapeutics, if they justify its occasional employment, authorize it in such dubious phrase, with such admonitory qualifications and restrictions, as to clothe it in the garb of suspicion, and deter the junior members of the profession from its employment, even where indispensably called for.

I am not unaware of the fact, that the task before me is an ungracious one. It would have been more consonant to my feelings, could I have endorsed sentiments consecrated by so many justly distinguished advocates. To the popular doctrines on this subject, however, I find myself in a position of inexorable antagonism, by the logic of facts and figures which are impregnable. That more liberal enlightened views are demanded,

and will ultimately obtain, I have an abiding conviction; and, whenever medical men shall have divested themselves of the leaven of empiricism, to which that distrust in regard to blood-letting as a remedial agent, which now sways the popular mind, may be legitimately traced, and come to view this subject in the light of rational physiological principles; we shall then have a fuller appreciation of that powerful remedy, which, as Dr. Wilson justly remarks, nature claims as her own, and shall have made an important step, toward the highest attainable perfectibility of our art.

From one opinion, however, advanced by Dr. W., in his excellent paper, I must take the liberty of dissenting. That this prejudice originated with the non-medical public, I think, is exceedingly questionable; and if the Dr. will submit the matter to a thoughtful review, he will find the responsibility where least excusable, with those who ought to know better. My observation is, that the popular verdict stands opposed to medical inefficiency in that regard. Disguise it as you may, I apprehend it is accepted as a concession to the various shades of empiricism which flood our land, all of which have been weighed in the balances and found wanting.

There is no therapeutical agent, however valuable and indispensable to a successful exercise of our art, that may not be brought into disrepute by injudicious use; and a misapprehension which underlies the general prejudice which has obtained in regard to the lancet, relates to the principle on which it operates in the subversion of morbid action. Had it not been regarded as a physical agent, operating on mechanical principles, it would never have been confided to the hands of the ignorant, and we should have had fewer failures and miscarriages, which have contributed largely to this prejudice; for it is with this as it is with all other remedial agencies, the more powerful for good, the more prolific of evil, if misapplied. Employed as a vital agent, regardless of quantity, pushed to a given effect, by a practiced hand, under the guidance of a cultivated intellect, it is not only perfectly safe, but unquestionably the most potent remedial agent known to our art; nor can it be dispensed with, without surrendering to a weak vascillating timidity, compromising the most sacred obligations that can attach to a medical man, and greatly circumscribing the usefulness and efficiency of the medical art.

The argument against the lancet founded upon its supposed debilitating effects, is an abstraction, and not an induction from a careful observation of facts. On the contrary, every practitioner who has had an extensive experience in its employment, and witnessed its magical effect in the instantaneous subversion of the most violent forms of morbid action, appreciate it as a means of economising strength. In a sudden attack of either a congestive or inflammatory character, although the patient may have a feeling of great prostration, and is unable to put forth his strength, he is not weak. Take off the weight by which he is overborne for the time, and he is still strong.

"The giant," says an able writer, "that lies prostrate on the earth, mastered by superior power, has still a giant's strength, though he do not at that moment put it forth. Give him but the chance to throw off the load that keeps him down, and he will soon show you that he is not weak."

This is a very apt illustration of depressed vital action, misnamed debility, under the weight of disease. The intelligent physician will not be misled by the illusion. He will at once recognize this apparent debility, as the sympathetic influence of a dangerous lesion in some vital part. Although greatly diversified in the phenomena they present, according to the peculiarity of the tissues involved, and the manifold remote causes which give rise to them, I apprehend there are few maladies not characterized by inflammation or venous congestion, either of which, by sympathetic influences, may occasion great prostration. They may be sudden in their onset, or insidious and gradual in their approach. They may persist for some time in a simple state of functional disturbance, but ofttimes run rapidly into irremediable structural alteration. In the latter case, relief, if attainable, must be prompt and instantaneous. The practitioner, seeing the peril, and comprehending the situation, will find little room for temporizing. The most powerful means of equalizing the circulation and taking off the oppression, are called into requisition; and a philosophical view of the medium through which, and the manner in which, both morbific and remedial agents operate upon the vital economy, will at once suggest bloodletting as the most appropriate, because the most prompt and decisive means of accomplishing the object.

Irreconcilable as this may seem with that hypothesis, founded upon the mechanical philosophy, which assumes bloodletting to be a debilitant; it is nevertheless in strict accordance with the known therapeutical effect of that agent corroborated by the observation and experience of every one who has employed it, under

an intelligent recognition of the principle on which it operates, in the subversion of morbid action.

The whole gist of the opposition to bloodletting, is predicated in conformity with the hypothesis, that it is necessarily debilitating; and this arises from a misconception of its *modus operandi* as a remedial agent.

Although a low pulse speedily raised, a shrivelled surface filled out, cold extremities warmed up, equilibrium of circulation reinstated, lost strength restored, vital energy renovated, are phenomena which have been a thousand times observed to follow immediately on the intelligent employment of the lancet; and in multiplied instances such phenomena could have been elicited by no other means; it is nevertheless abandoned, on the ground of its alleged incompatibility with the assumed hypothesis.

Admitting the loss of blood to be intrinsically debilitating in a normal state of the system, and allowing our inability to reconcile this fact with its powerfully restorative effect in many forms of disease, the truth of which cannot be successfully controverted, it is no more seemingly paradoxical, than many well known facts with which the history of medicine abounds; and affords a striking exemplification of the practical value of the principle inculcated in Hoffman's Aphorism—"*Ars medica tota observationibus.*"

Quinia, in its nature and properties, is no less marked, intrinsically, as an excitant, than is the lancet a debilitant; and I apprehend the objector will find about as much difficulty in accounting, on philosophical principles, for the powerfully sedative influence of the former in controlling fever, as he will in reconciling the restorative influence of the latter, in diseases of depression, with its assumed debilitating effects.

To assume an hypothesis on insufficient data, and then reject every principle not in harmony with it, is unphilosophical.

It is a humiliating fact, that in the present imperfect state of our knowledge, much of our reasoning, inconclusive, and unsatisfactory, rises no higher than mere speculation. However gratifying the reflection that by a close observance and careful analysis of facts, much is known in regard to the therapeutical effects of many remedial agents, still there are doubtless a great variety of hidden, unobserved influencing circumstances, connected with pathology, and therapeutics, which, if known, would greatly modify our inductions.

From a carefully noted and patiently classified series of facts, running through a long period, during which, in disregard of the popular prejudice, I have employed the lancet, not only to subdue violent inflammation, but to take off the oppression, and restore the strength, in cases of the most profound congestion, I am prepared to bear testimony to its magic power as a therapeutic agent; and hesitate not to say, after a patient, persevering trial of all its reputed substitutes, that many such cases can be reached by no other means known to the profession.

The number of lives sacrificed to this prejudice against the lancet, compared with those who fall a victim to its use, I doubt not, is as a thousand to one.

Look at the fearful increase of chronic diseases since the lancet has been partially ignored, and the profession has become tender-footed on the subject of blood-letting. Or to furnish a still more striking illustration; go to those districts where empiricism in its various forms, having manufactured, now subsists upon this prejudice, and lay it to the line and plummet of rigid vital statistics, and you will find multitudes of invalids who ought to have been restored to soundness by a prompt energetic treatment, whose cure, in consequence of an inefficient, temporizing course, has been incomplete;—vestiges of disease still remain;—vital lesion still lingers, ultimately to develope itself in some chronic form; and the tenure on life simply prolonged a brief period.

It is probable that tubercular disease in its diversified forms, is more destructive to human life than all other maladies combined. The best lights reflected from pathological anatomy, note it, as a product of inflammation. A patient investigation of the etiological history of very many of these diseases, rarely fails to reach an inflammation as the point of inception. This fact is suggestive, and its inculcations should not be disregarded. It strikingly illustrates the folly of temporizing in all grave maladies; and affords the highest presumptive evidence against the expectant plan of treatment, which reposes upon the medical powers of nature, while disease, none the less destructive, from its insidious character, is stealthily settling down upon the vitals. The point is this, that tubercular disease in its multiplied forms and various complications, is, in large measure, the sequel to an inflammatory attack, which might and ought to be relieved by depletory measures so decisive, as to render the cure complete; and its great prevalence and fatality may be attributable to the existing popular prejudice against the only efficient means of subduing it in its incipiency.

SUCCESSFUL REMOVAL OF A POLYPUS OF THE LARYNX.

By P. W. Ellsworth, M. D.,

Of Hartford, Connecticut.

Mrs. E. K., of Vernon, Connecticut, the subject of the morbid growth of which we are about to write, is 36 years of age, of rather small stature, and healthy, except so far as affected by the condition of her throat. Being of a consumptive family, she long considered her cough, pain in chest, dyspnœa, and hoarseness, as precursors of the malady which had carried off her relatives, and as no one had suspected the real difficulty, had anticipated but a short life. Seven years ago, hoarseness began to manifest itself, speedily followed by feebleness of voice. Symptoms continued to increase until she was seen by A. R. Goodrich, M. D., of Vernon. Not to be prolix, these symptoms will be tabulated, as they are very interesting and strongly mark the case, which are typical in every particular.

Hoarseness, quickly succeded by *aphonia.*

Cough: Slight, quick, and short, but never so severe as to draw particular attention.

Inability to snuff through nostrils for two years past.

Sense of suffocation, commencing three years ago, increasing and always coming on at night when spontaneous, but instantly excited by walking or talking, and rendered worse by the recumbent position. This symptom has been much worse during the past winter, during which she had several pretty hard paroxysms of dyspnœa, and about the 9th of February, one attack so severe as to render her unconscious and apparently dead for a brief time.

A valvular sound on expiration, resembling the noise made by uncorking a bottle, but much fainter.

Deglutition not impeded, as to fluids or solids.

Feeling of fulness in larynx.

Dyspnœa much increased by light pressure on larynx.

Copious hœmorrhage once, on the night of the severe attack, when she expectorated a pint of florid, apparently arterial blood, whereby the congestion was relieved and her life saved, though appearing at the time a very alarming occurrence.

It will be noticed that the symptoms stated above entirely corroborate the views presented by Dr. Gurdon Buck, in his elaborate and excellent monograph on this subject, in the Sixth Volume of the Transactions of the American Medical Association.

Mrs. K. was seen by Dr. Goodrich at the time of this last severe strangulation, viz., Feb. 9th, 1867, in the night. The history of the case being laid before him, he at once came to the conclusion that there was an unnatural growth or obstruction in the larynx or trachea. When the case was stated to me, my own opinion coincided with his.

Circumstances prevented my visiting Mrs. K. until the 19th of February. During this interval she was comfortable if perfectly at rest and unexcited. On the 19th I saw her, in consultation with Drs. Goodrich and J. B. Lewis, late Surgeon. U. S. V. The laryngoscope was applied to the fauces of Mrs. K., who quickly tolerated the instrument, and permitted a fine view of the upper part of the larynx. A fleshy mass, light-colored, and much resembling in shade the surrounding parts, was seen protruding into the rima glottidis, rising and falling with each expiration and inspiration. The portion seen appeared to be about the size of the end of the forefinger and to completely plug up the glottis. Respiration was excessively labored, and but little air could pass.

It appeared to us very rash to attempt removal of this body through the mouth, for the parts were of course very sensitive and unaccustomed to any manipulations. Moreover, the size of the polypus and the extent of adhesion not being fully known, there was danger of impacting it in the fissure, producing instant death; and had it been torn off by the probang, it is questionable whether death might not have resulted, as in the 28th of Buck's list, where a loose polypus caused death before it could be extracted. Mrs. K. herself expressed a wish that an external incision should be made, fearing the effects of any application to the glottis.

Our patient prepared herself for the operation with great resolution, and bore it with astonishing fortitude, as no anæsthetic could be used for fear that the already oppressed breathing might cease altogether. But painful as it was, she expressed herself as suffering nothing in comparison with the distress of the night of the 9th, when she nearly perished of suffocation.

Mrs. K. was placed in a common chair, with her face to the window, her eyes being protected from the sunlight; this was done that the laryngoscope might be more readily used after the operation. Her head rested on the breast of an assistant, who also steadied it by his hands. On throwing back the head, in order more perfectly to expose the throat and render the parts tense, dyspnœa was much increased by the pressure on the larynx, so that it was very distressing.

As speedily as possible, an incision was made from near the os hyoides to within an inch of the top of the sternum, a length absolutely necessary to secure free access to the windpipe, as her neck was short, rather full, and a very little swollen upon the throat. The air-passage was completely exposed from a little above the top of the larynx to the bottom of the cricoid cartilage. The bleeding was not profuse, no vessels requiring ligation. What there was, was principally venous, from retarded circulation through the lungs. As respiration was so painful, without wasting time to staunch the blood, I opened the circo-thyroid ligament, split up the thyroid cartilage a half-inch, and pried open the fissure with the handle of the scalpel, so as to admit air, which rushed in and out with great force. Waiting a moment, to permit the patient to be refreshed by the first free draught of air she had had for years, the thyroid cartilage was divided through its notch by a blunt-pointed curved bistoury. This cartilage cut readily, though a pair of strong scissors had been prepared, had it proved too tough for the knife.

On making the first incision, the polypus had shown itself in the fissure as low down as the bottom of the thyroid cartilage, but on completing the incision it pressed into the wound, as if about to escape from the larynx. Separating the sides of the laryngeal wound, the object of our search appeared, nearly filling the larynx and extending from the crico-thyroid ligament to a point above the notch in the top of the larynx. It was readily seized by small polypus forceps, and as its attachment was by a small and long pedicle, it was very easily and completely detached. The operation to this point occupied about eight minutes.

On pressing a sponge on the wound so as to preclude the passage of air, respiration was readily effected through the glottis.

As soon as the flow of blood had ceased and the trachea had freed itself of the blood sucked in during the operation, we proceeded to make an examination of the larynx by the laryngoscope, a thing of easy accomplishment, for on throwing back the head very far and removing the curtain from the window, the sun's rays were thrown well up into the larynx, and by pressing the laryngoscope deep into the wound, all the interior of the larynx was brought into view, the rays being reflected up, instead of down, as is usual. Not a vestige of disease could be discovered, while the pouches of the larynx could be seen dilating with every respiration, like the swelling of the throat of the toad.

The vocal apparatus appeared perfectly smooth and healthy. The polypus had probably sprung from the left upper vocal cord, from which it depended, sinking as low as the crico-thyroid ligament. Of this, however, I am not positively sure, as the point of origin was not clearly seen, and the pedicle broke before its attachment had been fully explored, but the direction of the pedicle and the non-appearance of any roughness below indicate very well that the place stated was the starting-point of the growth.

The polypus is of a fleshy consistence, about the size of the last joint of the little finger, rough, with large flat granulations, and apparently closely resembles the one removed by Prof. Ehrmann, of Stratsburg. The polypus as now preserved in alcohol, does not appear as large as when in situ, as it is condensed by the fluid in which it is preserved; it, however, now measures three-fourths of an inch in length and half an inch in breadth, tapering toward each extremity.

It was not considered advisable to leave any definite opening into the larynx for the purpose of re-operation, as the glottis was entirely free from disease and had suffered nothing during the operation. The only danger was from the spread of inflammation to the rima glottidis and surrounding parts, and this was small. The wound was therefore closed by adhesive strips only, allowing a slight oozing of blood as raised from the lungs on coughing.

Respiration was perfectly easy, a little air escaping at the wound. When I left my patient, three hours after the operation, she was breathing as freely as ever in her life, and sat up, nursing her infant three months old. She said, that but for the smarting of the wound, she could get up and take hold of housework.

Dr. Goodrich, a highly intelligent and judicious practitioner, took charge of the case and daily transmitted me an account of its progress; this was so satisfactory that no further attention was demanded on my part, and I did not see her again until completely cured.

The doctor reports as follows:

"The wound was kept wet, at first with water, and afterward with the saturnine lotion with laudanum. A few drops of McMunn's elixir of opium quieted all irritation and tendency to cough. Mucilaginous drinks were given in small quantities at a time, also nourishment in the form of broth. Small pieces of ice in the mouth greatly refreshed the patient, and in the opinion of Dr. G., aided much in the prevention of inflammation. No attempt was made for three days to swallow solid food. Deglutition was very

painful the first day, less so on the second, and easy on the third.

"Her sleep has been quiet and refreshing every night since the operation, and she finds the recumbent position very easy. On the third day air ceased to pass through the wound and her voice returned, while the pulse stood at 70, the wound apparently healing finely.

"29th. Ten days after the operation, Mrs. K. is entirely well, voice perfect, and she expands her chest from the bottom with an ease and sense of refreshment delightful to her. The whole wound is healed by the first intention, there having been scarcely the appearance of pus externally or internally, and our patient is able to attend to her household duties, simply protecting the throat from the vicissitudes of the weather by a plaster. Recovery has been speedy and all that could be wished for or desired."

This case is one of peculiar interest, not only because of its rarity, but because its clearly marked symptoms characterize it as typical, that is, as possessing all and only the symptoms belonging to a moveable benign polypus, one of all others most amenable to treatment. Demonstration was rendered complete by the laryngoscope, which never did better service. Thus the nature, situation, and probable attachment of the polypus being known, its easy motion rendering a small pedicle probable, an operation could be attempted with almost the assurance of success.

Dr. Gurdon Buck, of New York, gives the history of forty-two cases in his valuable monograph. Three others beside that now reported have been brought to my notice. One was a case of sesstile tumor of an epithelial character in the larynx of a boy who died last year in Hartford. A lady, after suffering several years, expectorated a polypus with a long slender neck, which had sprung from the larynx. A boy died in Massachuseits, several years since, of suffocation, and a post-mortem examination revealed a laryngeal polypus.

I find in Dr. Buck's statistics but a single instance where the form and nature of the morbid growth was such as to warrant hopes of permanent recovery, after removal by the knife.

The efforts of Dr. Buck in his case would have been crowned with success had he had my patient to deal with, but the nature of the morbid growth was different, and the necessarily protracted and severe manipulation rendered final success very uncertain. Dr. Green's cases can hardly be called similar, as the nature or situation of the polypi admitted of removal through the mouth.

Three other patients have been operated on in New York since Dr. Buck's, which was treated by him on the 3d of May, 1851. Only one of these has been reported. These patients, Dr. Buck informs me, had tumors with sesstile bases. With such an attachment, complete removal is next to impossible. Such seems to have been the case with all these, as the disease manifested itself again in one, requiring a second operation, and as the others have not been reported, it is probable that the success was not entirely satisfactory.

Hospital Reports.

Jefferson Medical College,
December 29, 1866.

Surgical Clinic of Prof. Gross.

Reported by Dr. Napheys.

Strumous Abscess.

Clara B, æt. 12. She has a large posterior curvature well down in the dorsal region, which came on when she was between three and four years old. The parts are now consolidated; the chasm in the vertebræ bridged over with callus. Now she has an affection which made its appearance two months ago, engrafted upon a constitution not very strong and the seat of a scrofulous taint, as indicated by the Pott's disease of the spine, which existed at a former period, now perfectly well. There is a large swelling and great prominence on the outer and upper portion of the right thigh, with discolorations extending over a considerable space and some enlargement of the subcutaneous veins. The hand also shows greater heat over the swelling than there is above or below. There is, therefore, inflammation present. She has some pain in the part, which does not prevent her from sleeping at night, and is, therefore, not decided nor persistent. Her hands and feet are always cold. She is thin. Her eyes are black, complexion rather delicate, and hair darkish.

The finger, when applied over the swelling, sinks in very readily on pressure. The moment the finger is removed, the parts resume their former condition; there is great elasticity. The finger of both hands being applied on opposite sides, distinct fluctuation is obtained. The question therefore arises, what is the nature of the fluid here present? Is it blood, water, or pus?

If it were blood, its existence would imply the infliction of violence or the rupture of some of the blood vessels of the part, either spontaneously, or as the result of injury or disease. There is nothing of that kind; the disease came on without any assignable cause; no injury at all was inflicted.

In regard to an accumulation of water. The disease is of two months standing, and there is no reason to believe from its history it is of this character. It would imply the existence of a cystic tumor, or of an accumulation in the connective cellular tissue beneath the skin, or amongst the muscles, consequent upon external

injury, as sometimes occurs. The swelling is not serious.

Then comes the consideration as to its being pus. It is doubtless of that description. Of two months standing, coming on gradually, the tumor has been growing steadily with all the evidences of inflammation.

What kind of an abscess is it; is it phlegmonous, is it strumous, or tubercular, or is it pyæmic, or multiple? Taking into consideration the previous history of the case, the inference occurs that it is strumous. It is not phlegmonous, because that is a rapid affection in its formation, and attended with a great deal of pain. The disease has been very slow. It is a strumous, tubercular, or chronic abscess, and is simply a reflection of the peculiar diathesis of the system, which has prevailed probably, ever since the birth of the child, to a greater or less extent, displaying itself when she was about four years of age by Pott's disease of the spine.

The abscess is situated superficially in the subcutaneous cellular tissue, and is probably not connected with the articulation. As, however, she has had stiffness in the hip joint for seven or eight months, it is possible there may be some connection of this kind. It is a very large abscess. She has had no chills in the afternoon and evening, and no night sweats.

This abscess is lined by a pyogenic membrane, formed out of the fibrin or lymph of the blood as a result of inflammation, in which the pus is contained, and by which its diffusion among the surrounding structures is prevented. Such an abscess may exist for many months without awakening any very considerable degree of constitutional disturbance or sympathetic derangement, so long as it is permitted to have its own course. But when it is interfered with, when an opening is made into it so as to allow ingress of the air, then severe constitutional symptoms are excited, followed by hectic irritation or hectic fever, in other words, by night sweats, by great depression of the system at large, a sort of typhoid condition, and sometimes by colliquative diarrhœa. When these symptoms obtain, there is great danger as to the life of the individual. It is this state of things which occurs during the later stages of pulmonary phthisis, in joint affections, and in scrofulous disease of the bones, especially of the smaller bones, and of the articular extremities of the long bones.

The question arises, what is to be done? The matter is making rapid progress, increasing in quantity, and by its pressure producing in the skin unnatural heat, discoloration, and a congested condition of the blood vessels of the part, especially of the veins. There is a tendency to ulceration, which is hastened or promoted by the pressure which the pus itself exercises on the skin, and if the parts are permitted to remain in this condition, the pus will find a vent for itself in the course of the next ten or twelve days.

It is proposed to anticipate this opening by making an incision at the most dependent portion of the abscess, so as to give free vent to the fluid as fast as it is deposited within the pyogenic sac, and then, by means of pressure made by adhesive strips, to bring together the opposite surfaces of the abscess, and in this way diminish its cavity, and, at the same time, guard against the introduction of air as much as possible. The air itself, is comparatively innocuous, but when brought in contact with the pus in the abscess, it leads to its decomposition, and thus converts it at once into a source of irritation. The opening will be closed afterwards with adhesive plaster; if the edges should unite, it will be very easy to make another incision. Immediately after the operation, the child will take twenty-five drops of laudanum, to prevent undue reaction. Then it will be well to put the girl upon the use of quinine and aromatic sulphuric acid, two grains of the former and twelve drops of the latter, four times a day.

The incision was made at the most dependent portion of the abscess, and eighteen ounces of strumous pus obtained, differing altogether from the matter found in the phlegmonous and pyæmic abscesses. It contained a large quantity of fatty matter, and a great many peculiar flakes looking very much like soft boiled rice, like the matter expectorated when caverns form in pulmonary consumption, the kind of pus noticed by Hippocrates. The edges of the opening were transfixed by a pin and closed by the twisted suture.

The operation may be repeated in a week or ten days, and finally, when the system has become inured or accustomed to the suffering, then the abscess should be laid open freely and a tent inserted into the bottom so as to promote healing by the granulating process. Or, instead of this, a seton may be passed through the walls of the abscess, and retained there for twenty-four hours to excite a certain amount of inflammatory action. Or again, some irritating fluid, as, a weak solution of the tincture of iodine, may be injected. It is preferable to try and open the abscess freely; not immediately in most cases, though sometimes when situated superficially it may be done at once. She was ordered a nutritious diet.

This is a beautiful illustration of the chronic form of abscess. The pus obtained, if allowed to stand, will separate into two portions, the thiner, will collect on the surface, and the thicker, the cheesy tubercular masses, will subside to the bottom, and when the parts have been sufficiently settled, the supernatent fluid will be found to posesss a sort of oily appearance.

Anal Fistule.

Wm. G., æt. 48. Tailor—a cutter. About eleven weeks ago he had an anal abscess. It was about three weeks before the abscess opened of its own accord. It did not discharge much; he suffered a great deal of pain, though there was not much swelling. He was able to walk about, during these three weeks, and to sit without much inconvenience.

This patient has fistula in ano, of which an abscess is always the precursor. There are two kinds of anal abscesses; one phlegmonous, similar to an abscess which occurs in any part of the body, the symptoms of which are acute, well characterized, and the pus of a peculiar consistent character, of a whitish cream-like appearance, and containing an immense number of globules, but comparatively little fatty matter. The other abscess which may occur here, is the scro-

fulous, tubercular, strumous or chronic, of which the case of the little girl, just referred to, presented an example; such an abscess is only liable to form in persons who are predisposed to pulmonary consumption, or who are laboring under it. It is connected with a tubercular deposit in the mucous follicles of this lower portion of the alimentary canal, which gradually softens, disorganization takes place, and an ulcer forms at length. This ulcer becomes a source of irritation, which is transferred by degrees to the tissues around the wall of the bowel, and thus an abscess is formed of the character mentioned.

This man has had no habitual cough; no shortness of breath; no night sweats; no loss of flesh. Tongue clean; bowels regular. He had probably a phlegmonous abscess; which lasted about three weeks, before it formed an opening for the discharge of its contents.

The parts were examined with the view of determining the peculiar nature of the case. In order to do this, it is necessary to introduce a probe into the external opening of the fistule. Instead of this a grooved directer was used, as that is to be employed to perform the operation. The grooved director, as well as the left index finger was oiled, the instrument was inserted along the track of the fistule, at the same time that the finger was passed into the interior of the bowel. The fistule was found to be complete, the instrument entering the interior of the bowel. There is but one external opening; one sinus and one internal opening.

There are two forms of incomplete fistules. One, in which there is an external opening leading to the bowel, but not passing through its wall, which is called the external, incomplete, or the external blind fistule. Then there is an internal fistule, in which the opening passes through the wall of the bowel, into the connective cellular tissue around it, but does not open on the external surface of the skin; this is called an internal, incomplete, or internal blind, or internal occult fistule. The complete fistule is that most frequently met with. There may be but one external opening, or there may be as many as three, four, or even seven, as in a specimen in the cabinet of Prof. Gross, in which there are not less than seven openings, so that the surface around the anus presents a sieve-like or cribriform appearance. When there are several external openings, they generally communicate with the main sinus, but sometimes open separately into the bowel. The internal opening is generally single, sometimes there are two, sometimes three, which is very uncommon. It is situated immediately above the internal sphincter muscle, at the height of about, four, five or six lines above the verge of the anus, sometimes not more than three or four lines. It is not high up as was formerly supposed by the older pathologists and surgeons, but just above the verge of the anus. In former times, the operation for anal fistule was a most barbarous, cruel, painful, and dangerous one, in consequence of the supposition on the part of the surgeon, that the internal opening passed high up; hence, the bowel was slit open, to that extent, a procedure not only painful, but frequently dangerous from the loss of blood, and always entailing a protracted cure.

When there are a number of external openings, as not unfrequently happens in cases of long standing, then the parts are callous, from interstitial deposit of plastic matter, and usually in a state of more or less irritation, or constant inflammation, attended with a great deal of discharge of mucous, and fæcal matter.

The diagnosis of an affection of this kind can always be readily determined by careful exploration, with the finger and probe. As a preliminary step, the bowel should be cleared out by the administration of oil, the previous evening, or by an enema.

The way in which the operation is usually performed, is to introduce the index finger into the bowel, and then to insinuate a probe-pointed bistoury along the fistule, and when the point comes in contact with the finger, to cut from within outward, by withdrawing the finger and instrument together. An incomparably simpler process is to divide the structures with a knife passed along a groved director, which has been introduced into the sinus, and its extremity brought out through the internal opening and placed against the opposite buttock.

The operation was performed in the manner indicated. In such a case as this of comparatively recent standing, it is not necessary to pare the edges of the incision, which is never to be neglected when the parts are callous. A little tent was inserted to insure healing by the granulating process from the bottom, which may be retained until free suppuration takes place. The bowels should be locked up for at least three days, when an enema may be administered, or a dose of castor oil, or sulphate of magnesia, or rochelle salts given. The patient should observe great cleanliness, and wash the parts after the tent has been removed, several times in the twenty-four hours. The diet should be simple, nutritious and not calculated to distend the alimentary canal. Patients usually get well in from a fortnight to three or three and a half weeks.

Medical Societies.

N. Y. MEDICAL JOURNAL ASSOCIATION.

Reported by E. H. M. Sell, M.D.

The Syme Operation as a Basis for an Artificial Foot.

At a regular meeting of the "*New York Medical Journal Association*," Dr. E. D. Hudson remarked upon "The value of Syme's Amputation at the Ankle-Joint, in adaptation of an Artificial Foot," as follows:

No amputation of the inferior extremity can ever compare, in its value to the subject, with that of the ankle-joint originated by Mr. Syme. Twelve years of experience with that variety of operation has afforded me assurance that it is not capable of being improved in its general character. It is scientific; practically of the

utmost use, and subservient to the best interests and happiness of the patient.

Mr. Fergusson avowed that he "knew of no kind or style of amputation which deserved more high considerations; and so far as the subject is concerned, it is one of the greatest improvements in modern surgery." No other operation has resulted so beneficially and satisfactorily. The subjects of such an amputation scarcely realize their loss with a proper artificial appliance. They appear every way whole.

The sensations of the stump are normal; the articular surface and thickened tissues are accustomed to the hardest service, and to bear the heaviest burdens, which, with apparatus, enables the patient to engage in his accustomed walks and vocations with unabated naturalness and endurance. One gentleman, for whom I applied a foot, has walked thirty-five miles in a day, on a hunting excursion, while his companions did not suspect that he was otherwise than whole. So beneficent have been the results of this operation, as to have induced many a sufferer from congenital malformations, varieties of talipes, and troublesome Chopart operations, to demand it as an "amputation of convenience."

It is an operation that has for its support the soundest principle of surgical economy. It retains, in addition to the entire length of leg, nature's foundation, the articular portion of the shaft of a long bone, as a base of support. Its accustomed service is concurrent and coequal with that of the calcaneum, to sustain the weight and forces of the body which are reflected to it. To remove the calcaneum, and substitute the articular base of the tibia, is merely a change of place, not of function. A cogent reason in support of amputation of the ankle-joint is, that to the compacted hardened tissue of the lower termination of the tibia are transferred and united for a cushion the thickened tissues, which have effectually served to protect the os calcis. The place of those tissues is changed; their accustomed function is unchanged and normal. When the change of base and healthy union of the hard and soft parts are successfully perfected, the same condition and serviceableness of the end of the stump is gained as that of the natural heel. After a very short period of exercise the sensations become perfectly natural, and the end of the stump as enduring as the heel of the natural foot. I have been led to take very great interest, and to a persistent advocacy of Mr. Syme's method, by a regard for the humane principles of rational conservatism, and by the numerous cases of ankle-joint amputations, which have demonstrated to me the superior utility of that operation to any amputation of the leg, or any modification of the general one of Mr. Syme. Of fifty recent cases which have come to my hands for final treatment by mechanical means, not one has failed of a highly gratifying success. Both patients and surgeons who have witnessed their results, have been every way pleased with their exceeding benefit. Not every subject is in immediate condition for the adaptation of apparatus, for reasons that will readily be apparent to every surgeon.

Some require treatment for ulcerations, thickened tissues, swellings, and tenderness; others require some inuring treatment before the application of apparatus. In no instance do I venture to apply apparatus until the patient can endure the end of the stump upon either the bare floor or some unyielding support with ease.

Case. Captain ——, who had suffered an amputation of the ankle-joint—Syme's method—was brought to me for treatment. I found his stump admirably well formed, and healthy, except a little prickling sensation produced by hard pressure. After ten days of preliminary treatment, during which a casement and foot were fitted, and trials made, the prickling had entirely subsided, the natural sensation of the heel was restored, and the patient went out walking without inconvenience. The sensation of prickling is no unusual complaint for persons to make, who have suffered an injury of the tissues of the heel or foot, when they have so far recovered as to begin to exercise the part. It is a mere temporary sensation, which exercise soon converts into a normal one.

The objections to Syme's operation,—tenderness, unsoundness, and unreliableness as a basis of support, after the stump has become well healed, are untenable.

The practice of Mr. Syme (original method) to exsect the indurated tissue, the most depending and most serviceable feature of the tibia, thereby exposing the cancellated structure, and also to remove the malleoli through their base on a level with its articular surface, is unphilosophical and inexpedient. The increased vascularity of the cancelli must necessarily conduce to protract the tenderness of the face of the stump. Some surgeons strive to enlarge the base of support afforded by the tibio-tarsal surface, by sawing the malleoli off, at a line transverse with the end of the tibia; but the practice is entirely unnecessary, and in some respects prejudicial. The intermalleolar space is the only true and all-sufficient base of support; any additional surface is superfluous; and by increasing the periphery of the end renders it unduly large for the adaptation of symmetrical apparatus. The articular surface should not be molested. The malleoli should be exsected with the saw, at a beveling angle of some forty degrees. The most serviceable and best proportioned stump is thus composed. With the dense ivory structure, the cancellated and medullary tissues all preserved, other matters being equal, we may rationally anticipate the best results. The modified variety of Bauden's, the dorsal flap, or that of Roux, lateral flap, will never be chosen varieties, but adopted as a dernier resort only. Even when the operation is thus modified, the stump is eminently superior for utility, and the entire pressure upon its face to any amputation of the leg. I have had two cases of the bilateral-flaps variety, made for want of plantar tissue, and cicatrized over the end of the stump, and one of the dorsal variety, upon each of which the patients bore their entire weight on an artificial foot with the utmost comfort.

The compensative apparatus I was the first to originate and apply in the United States; nor am I aware of any like legitimate treatment

abroad. With it I have invariably made the face of the stump the basis of entire support, and with no intervening substance other than one or two thicknesses of soft flannel. The apparatus is composed of a light semi-cylindrical wooden case for the leg, receiving the bulbous end of the stump in a concavity, at its lower end, fitted snugly to the posterior half of the parietes of the stump and leg, for two-thirds of its length, while its base is entirely supported. Wide leather bands lace up over the anterior half of the leg, to keep it in situ.

The case is strengthened with strong hickory pins, so dovetailed as to prevent its splitting or yielding to the weight of the body: To the leg and stump case an artificial foot of natural size and shape is attached by a strong ginglymus ankle-joint, on a line nearly parallel with that of its mate. An artificial tendo-Achillis passes up from the heel through an inclosed groove into the calf of the casement, where it is strongly inserted. It preserves the foot at a right angle with the leg part, when the weight of the body passes over and forward upon the ball and toe-piece of the foot. The latter is made to hug the ground, the same as the toes of the natural foot, by a strong lever and rubber spring. When the heel strikes the ground, the anterior part of the foot is depressed, but elevated sufficiently by rubber flexor springs, when the weight is off, to prevent tripping. The apparatus is covered with green rawhide, dried and contracted on, and coated with a neat flesh-colored enamel. It may be dressed with stocking, shoe, or boot, at pleasure, the same as its fellow. With its application, the patient is to all appearance and for usefulness, restored to a normal condition. I repeat: The great and important feature of the Syme operation at the ankle-joint is the natural philosophical base of support which the method retains, and the opportunity it affords by a sufficient shortness, for the adaptation of a compensating artificial foot, and a ginglymus ankle-joint in a proper place.

The main and defensive feature of M. Pirogoff's modification is the increased length of stump created by the excision of the tibia and calcaneum, and the annexation of a greater or less portion of the latter to the former, for the service of the "*poor man*," with the application of a "bucket" or "boot."

Every physiological anatomist must readily perceive that the increased length of the stump, by an adventitious portion of the os calcis, will, in the ratio of its increased length, necessarily impair it for the application of legitimate mechanical appliance.

Statistics furnish abundant evidence that it possesses no superior advantage as relates to mortality, sloughing, necrosis, or other untoward events, over the Syme method; *nor even as a reliable basis of support;* only to secure the benefits of an *os peg leg*—the similitude of the wooden relic of barbarity. Science having for its true object practical and humane use, it becomes unwise for men to exercise their brains for unscientific purposes.

The special interests of the subject of an amputation of the inferior extremity are the matters of importance—"and how the patient may *most fitly* use the rest of his leg by walking on an artificial leg." No artificial leg has been or can be constructed and adapted to any stump of the leg, having its parietes for support, with such perfect favor as that which I adapt to ankle-joint amputations. The same apparatus modified may be applied to the Pirogoff modification, but the result is far less satisfactory.

I never have a patient of a Syme amputation make use of a cane, nor walk in any other than the most natural gait. There is one condition of the ankle-joint in which the Pirogoff method may be adopted to the very great benefit of the patient, viz., where caries, necrosis, or injury of the tarsal end of the tibia preclude the possibility of the Syme method, and would render the Pirogoff method a valuable alternative to an amputation of the leg at its lower third.

In any such event, to excise the diseased tibia and a sufficient amount of the calcaneum, and annex to the tibia to compensate its loss by excision, would be an additional fact to surgical improvement—a worthy expedient—but only as an alternative to amputation of the leg. It would make the leg of normal length, and alike serviceable as a Syme case for the adaptation of an apparatus.

Editorial Department.

Periscope.

The Action of Anæsthetics.

At a meeting of the Liverpool Medical Institution, January 10th, published in the *British Medical Journal*, Mr. W. Carter made some remarks on the action of anæsthetics as follows:

In August and September 1866, he performed a number of experiments to determine the physical condition of the brains of rabbits under the influence of anæsthetics. The plan adopted was to secure the animals in such a way as to exert no pressure on the veins of the neck; and then, after removing a portion of the skull by means of a fine flexible saw, to administer the anæsthetic, and watch the effect on the denuded brain. In every instance this was the same, and consisted of a change of color from pink to purple, and of a forcible protrusion of the brain-substance, which stood out as a tense tumor from a sixth to a fifth of an inch above the surface of the cranium. On allowing the animals to recover, the dark color disappeared, and the tumor subsided to the general level of the brain. There was no difference whether sulphuric ether, chloroform, or the chloric ether of the *Pharmacopœia* were used. From this it was concluded, that the anæsthetic effect depended on two causes—1. Suppressed oxidation of the blood; 2. Intracranial pressure, the second cause being probably a result of the capillary stasis always observed to follow a non-oxygenated condition of the blood. Dr. Richardson considered the phenomenon described as "coincidental, and not a cause of the insensibility as it is prominently presented."

Further observations were made by Dr. Carter on the supposed antagonism between chloroform and ether, which was not confirmed by any of the experiments which he made to determine the point. He drew attention to the extreme value of nitrous acid gas as a restorative from the effect of narcotic gases. This conclusion was arrived at accidentally, by observing its effects on a rabbit rendered insensible by charcoal fumes. The animal had been enclosed in a bin with a pan of live vegetable charcoal; and, at the expiration of an hour, was lying along apparently unconscious, but still giving a slight movement to the ear when forcibly pulled by a string tied to one of his legs. He was, therefore, left to breathe on until even this indication of remaining sensation should be absent; but, in the meantime, the manufacture of some nitrate of mercury, which was required for analytical purposes, was set going in a part of the unoccupied coach-house where the bin was placed. Fumes of nitrous acid were evolved, and speedily diffused themselves throughout the building, causing by their pungency considerable cough in those who happened to be present. After forty minutes, the rabbit was again visited under the expectation of his being found utterly unconscious, (the combustion of the charcoal continuing at the time of the previous inspection), when he was running about the bin. A note of this was made at the time, and it strikingly confirmed a statement of Dr. Richardson, that by the introduction of nitrogen into the composition, the anæsthetic action is destroyed, and that "nitrite of ethyl, like nitrite of amyl, was one of the most powerful excitants of the heart." Additional value was given to this by the entire independence of the experiments which led to it.

Pseudo-Pelvic Cellulitis or Pelvic Œdema.

In a series of articles on the pathology and diagnosis of female pelvic cellulitis, published in the *Detroit Review of Medicine and Pharmacy*, Dr. E. W. Jenks alludes to an affection which has been confounded with cellulitis, and of which, as yet, no description has been given by writers, which the author calls *pseudo pelvic cellulitis, or pelvic œdema*. The affection cannot properly be considered as either sub-acute or chronic cellulitis, yet it may be a sequel of either. As we find simple œdematous effusion taking place in the cellular tissue of the lower extremities from non-inflammatory causes, with the absence of fibrinous deposits, or the formation of pus, in dyscrasias, anæmic, organic or functional disease of some viscera, so we may find effusion taking place in the abundant cellular tissue of the pelvis. The author has recently had a case under observation, of pelvic œdema caused by a fibroid tumor of the uterus, with lateral version of the organ, producing mechanical obstruction to the circulation. This œdema had made its appearance within a very few days, and was ushered in with no constitutional disturbance, attended by no pain, heat, or tenderness. Exceptionally, pelvic œdema produced by remote causes, or inflammation in neighboring parts, may present all the constitutional disturbances of inflammation, making diagnosis almost, if not quite impossible; but as a rule, pseudo-pelvic cellulitis, or pelvic œdema, is distinguished as a local affection of the cellular tissue, without heat or pain, or the usual constitutional manifestations of inflammation, and may have as its origin, the same causes that produce like effects in cellular tissue of other parts of the body.

Dr. Jenks promises to give the results of a well marked case of this form of œdema, markedly dependent on uterine disease; with each exacerbation of the symptoms, the œdema increases, and upon relief being obtained, it nearly disappears.

Allowance of Space in Hospitals.

Mr. Hardy, in his speech to the House of Commons, paid a great compliment to the labors of the Committee of Physicians and Surgeons upon whose report he has based the reccommendation to give largely increased space to the sick poor in workhouse infirmaries. * * * * * The Committee state in their report that they have taken as one of the considerations on which their conclusions are based, the fact that patients suffering from contagious fevers are to be considered as virtually excluded from workhouse infirmaries. In arriving at 850 cubic feet (not calculating therein any height the ward may have above twelve feet) as a fair space for the sick, they have been guided mainly by experience of what they consider is required for the comfort of the patient, his due management, and a proper ventilation. As contagious fevers are excluded from workhouses, and surgical operations are very rare in them, it was unnecessary to make provision for the possible spread of diseases from these sources. It has been thought right to give to lying-in women a minimum of 1200 cubic feet. Of course, as the beds in lying-in wards are rarely ever full, the actual amount of cubical space will, in most cases, be very much larger. To surgical cases the Committee give 850 cubic feet; being guided thereto by the consideration that the surgical cases in workhouses are few, and not of grave character. To patients in small-pox and fever hospitals they recommend 2,000 cubic feet. To the "chronic and infirm" class they give 500 cubic feet, it being understood that many of this class leave their beds during the day and go into day-rooms. Old people, they argue, respire less air, and therefore vitiate the atmosphere less than the young and vigorous do. Offensive cases are to be put in separate wards, and have 1,200 cubic feet each. The Committee insist that the question of cubic space is altogether subordinate to that of ventilation. They, therefore, demand above all things the adoption of a simple and effective means of ventilation, such as shall be beyond the control of the inmates. * * * They feel it to be their duty to regard the interests of the ratepayer as well as of the pauper; and have endeavoured in their conclusions to hold an even balance between the giver and receiver—to give not less than is necessary for the health and comfort of the inmates, and yet not more than what is fair to the ratepayer—in doubtful cases letting the poor have the benefit of the doubt. They have, they add, given an increase of space because they think the minimum hitherto laid down is not sufficient for healthy recovery, for decency, and proper administration.—*British Med. Journ.*

Medical and Surgical Reporter.

S. W. BUTLER, M. D., *Editor and Proprietor.*

PHILADELPHIA, MARCH 23, 1867.

MEDICAL COLLEGE EDUCATION.

During the past year the subject of medical College organization and instruction, has been discussed with more freedom than usual, in some of the leading medical journals of our country, as well as at the last annual meeting of the American Medical Association. It will be remembered by our readers, that at the meeting just named, a proposition was made to endorse the action of a Convention previously held in Cincinnati, composed of delegates from several medical Colleges in the West and North-West, which had recommended a more uniform rate of lecture fees, and the extension of the annual lecture term to six months. The discussion that followed this proposition was participated in by Dr. Storer, of Boston; M. B. Wright, of Cincinnati; Worthington Hooker, of New Haven; N. S. Davis, of Chicago; and others. It was claimed by the last named gentleman that the evils connected with our present system of medical instruction, could not be remedied by simply lengthening the annual lecture terms and adopting any given rate of lecture fees.

However proper these measures might be, their influence would not reach the real source of most of the evils of which the profession complain, namely, the graduation and admission into the ranks of the profession, of young men whose general education, mental discipline, and medical attainments, are all extremely defective. These result, not from the rate of lecture fees or the length of the lecture terms in our medical schools, but from the three following sources:

First. The entire absence of all provision for securing any standard of preliminary education before entering upon the study of medicine.

Second. The equally entire absence of all provision for securing a proper method and order of progress in the study of medicine itself. And,

Third. The shortness of the lecture terms, and the insufficient means for clinical instruction in many of the schools.

He represented the two first as *radical faults*, entering into the very foundation of our present system of medical college instruction, and vitiating all its practical results. They were violations of the most important principles, universally recognized in all other departments of education, in this and all other civilized countries. If a young man applies for admission to any literary College, or even High School, he is straightway subjected to an examination sufficient to test his knowledge of the elementary branches of learning. And why? Simply because it is assumed, on the plainest principles of common sense, that a knowledge of the elementary branches is essential to a proper understanding of the higher and more intricate. It is assumed that a knowledge of arithmetic, grammar, geography, etc., must prepare the way for the higher mathematics, philosophy, history, rhetoric, etc.; and that a certain degree of mental discipline and habits of study are necessary to enable the student to make adequate progress in his collegiate course. In our present system of medical education, all this is ignored, and whoever presents himself with the required fee is admitted to our medical colleges, without even an inquiry whether his mind has been disciplined by an hour of previous study, or whether he is capable of constructing two sentences grammatically or not. The absence of any provision for securing a proper method and progressive order of study after entering the medical colleges, developes evils equally palpable and mischievous. It bewilders the student by crowding daily upon his mind too great a variety of subjects, and by presenting them in a perfectly heterogeneous order; while it strongly encourages superficiality of attainments, and constant efforts to comprehend the practical departments to the neglect of the more elementary. If the faculty of any of our literary colleges should throw their freshmen, sophomore, junior and senior classes, all into one grand class, and undertake to drill them one hour on some study belonging to the freshmen year; the next hour on one belonging to the senior year; the third hour on one belonging to the sophomore year; and so on, all the world would regard them as better fitted for a lunatic asylum, than for teachers of youth. And yet, this would be exactly parallel to what is done, with one exception, in all the medical colleges in our country. The student just commencing his professional study, and not yet familiar with the naked bones of the skeleton, is placed side by side with the one who has studied two, three, or four years, and both listen, during each day, to lectures on histology, the elements of chemistry, physiology, and materia medica, interspersed with those on the details of practical medicine, surgery and obstetrics.

The attempt to include an adequate course of instruction in the various branches of medical science in five or six lectures per day for sixteen or eighteen weeks, is not much less objectionable, than

the heterogeneous order in which the instruction is given. He stated that nothing short of a full and careful revision of the whole system of medical college education, could remove the foregoing defects. Such revision should be founded upon the following fundamental propositions:

1st. A fair degree of general education and mental discipline is necessary to enable any young man to study medicine understandingly.

2d. A knowledge of the elementary branches of medicine, such as anatomy, physiology, etc., is essential as a preparatory step to the profitable study of practical medicine, surgery, etc. Hence a successive order of studies is as necessary in the study of medicine as in general science.

3d. The number of professorships, and the length of the annual lecture term in each college, should be such as to ensure a complete discussion or review of all the legitimate branches of medical science.

To place the system of medical college instruction in our country upon these self-evident propositions, would require the universal adoption and enforcement of a reasonable standard of preliminary education for the medical student; the division of the whole field of medical science into abont twelve branches, *four* of which should be assigned, in proper order, to each of the three years required for medical study; the requirement of three courses of lectures instead of two, with thorough examination of the student at the end of each course, on those branches belonging to each year successively; and an increase of professorships in each college corresponding with the whole number of branches to be taught, with an annual lecture term of not less than five full calendar months. To perfect and carry into practical operation a revision of our system of medical education, so important to the honor and usefulness of the profession, requires a free interchange of views, and an honest concert of action among those connected with the medical colleges throughout the whole country. It cannot be accomplished by resolving here in this Association that the college fees ought to be uniform, or that the annual lecture term ought to be five, or six, or seven months. The speaker reminded members of the Association that almost every volume of their Transactions for the last sixteen years contained resolutions of the same import, as those now under discussion. If anything of practical value was accomplished, it would have to be done by the college faculties themselves.

He therefore moved as a substitute for the resolutions under discussion, the following resolutions.

"*Resolved*, That this Association earnestly requests the medical colleges of the country to hold a convention for the purpose of thoroughly revising the present system of medical college instruction, and that a committee be appointed to aid in carrying this resolution into effect."

In accordance with this recommendation a meeting of professors and teachers in our medical colleges has been called to convene in Cincinnati, on the — of May, before the meeting of the association. We trust that this meeting will be fully attended by representatives, from all our colleges, and not be a mere formal affair, but that some conclusion will be arrived at, and a course adopted that will tend to permanently benefit the cause of medical education. The principles enunciated by Dr. Davis, at the last meeting of the association, as reported above, seem to us sound and worthy of due consideration.

PASSAGE OF AN ANATOMY ACT IN PENNSYLVANIA.

Within the last week the Legislature of this State has passed the following important act, which, it is understood, will receive the approval of the Governor:

An Act for the Promotion of Medical Science, and to Prevent the Traffic in Human Bodies.

Section 1. Be it enacted by the Senate and House of Representatives of the Commonwealth of Pennsylvania, in General Assembly met, and it is hereby enacted by the authority of the same, that, any public officer having charge or control over the same, within the limits of Philadelphia and Allegheny Counties, shall give permission to any Physician or Surgeon of the same county, upon his request made therefor, to take the bodies of such persons as are required to be buried at the public expense, to be by him used within the State for the advancement of Medical Science, preference being given to Medical Schools, public and private; and said bodies to be distributed to and among the same, equitably, the number assigned to each being proportioned to that of its students; provided, however, that if the deceased person, during his or her last sickness, of his or her own accord, shall request to be buried; or if any person claiming to be, and satisfying the proper authorities that he is of kindred to the deceased, shall ask to have the body for burial, it shall be surrendered for interment; or, if such deceased person was a stranger or traveller, who died suddenly, the body shall be buried, and shall not be handed over as aforesaid.

Section 2. Every Physician or Surgeon before receiving any such dead body, shall give to the proper authorities surrendering the same to him, a sufficient bond that each body shall be used only for the promotion of Medical Science within this State, and whosoever shall use such body or bodies for any other purpose, or shall remove the same beyond the limits of this State; and whosoever shall sell or buy such body or bodies, or in any way traffic in the same, shall be deemed guilty of a misdemeanor, and shall, on conviction, be imprisoned for a term not exceeding five years, at hard labor in a county jail.

Similar legislation has been three times, at least, urged upon our Legislature before, unsuc

cessfully. Misunderstanding, prejudice, and technical delays, have defeated it. This time, the College of Physicians, of Philadelphia, upon the motion of Dr. W. S. Forbes, gave its official sanction to the effort. A committee, consisting of Drs. Forbes, Agnew, and H. Hartshorne, visited Harrisburg on behalf of the College. Especially through the exertions of Senator Wilmer Worthington, M.D., the act was rescued from burial in Committee, and passed through the Senate. In the House, it was called up by Mr. Freeborn, and passed within a few days. Thus one of the obstacles to medical teaching in Philadelphia is removed, and we are, in this respect, on the same footing as New York. It is a not uninteresting fact, that the passage of a similar bill, the "Warburton Act," by the British Parliament, more than thirty years ago, followed the agitation resulting from the discovery of the murders perpetrated by Burke and Ware to obtain subjects for sale, at lower prices than, from want of this bill, they have lately commanded here.

SUMMER LECTURES at the UNIVERSITY.

After the decided success of the last season, it may be considered that the Auxiliary Course, endowed by the generosity of Dr. Wood, is no longer an experiment. Lectures may now be attended upon Medical Jurisprudence, Hygiene, Comparative Anatomy, Botany, and Geology, not unworthy of the Institution, and adding largely to the scientific resources and culture of the graduates of the University. We should suppose that the importance of the subjects taught, and the reputation of the Professors, would induce a large attendance also of graduates and students from other schools, as well as of non-professional men. The course begins on the first of April this year.

Correspondence.

DOMESTIC.

Commencement Exercises of the College of Physicians and Surgeons of New York.

New York, March 15th, 1867.

Editor Medical and Surgical Reporter:

As veracious chroniclers of the times, it becomes us to note that the staid and highly respectable College of Physicians and Surgeons has latterly yielded to the progressive spirit of the age, and gone the whole figure, brass band and large hall included. Until recently, the enthusiastic fledgelings have been compelled to restrain their hilarious ardor for musical accompaniments to their farewell exodus, and accommodate their friends and relatives as best they might within the narrow confines of the college building or some neighboring church. One of the professors was usually the orator of the evening; the subject either eulogistic or ornately professional, differing but little from an every-day lecture in being a trifle better dressed for the occasion. In 1859, we noticed a slight innovation in the introduction of a valedictory address by a member of the graduating class. This was a step in the right direction, but still our staid and orthodox faculty pertinaciously refused to grant the luxury of "brass bands" and "big halls" to relieve the tiresome monotony of the exercises and throw a veil of cheerfulness around the pangs of separation from the "Alma Mater." "Mais nous avous changé tout cela," and the old college, having long led the van in medicine, now gracefully consents to the social requirements of the age. And thus it came to pass, that last evening we had a very good time generally, both musically and intellectually.

At 7.30, P. M., the capacious and elegant hall of Steinway, yet resonant with the entrancing notes of Parepa, and dulcetly suggestive of pleasant melodious memories, was again crowded with a galaxy of beauty and intellect.

By a very exeellent arrangement, those most interested in the proceedings were provided with reserved seats, the galleries and rear seats being opened to the public at large.

The auditorium was densely packed with the expectant friends of the successful aspirants to medical honors. A rectangular spot of red cushions was as yet unfilled, and the immense platform bristled only with ascending tiers of empty chairs rising in a great semi-circle, one above another, in solemn and respectful silence, quite befitting the momentous occasion. Meanwhile the band discourses with dulcet plaintivenesss, and anon exhausts itself in a grand harmonious crash—and all again is still. Now, by the premonitory hum and flutter of that fair and gifted concourse we feel, even in our osseous system, that something is about to happen. Down the broad aisle, with quiet subdued step come the young doctors, atoning for their proverbial negligent seediness in apparel by appearing in unexceptionable broadcloth, and with immaculate cervical and hectoral vesture. Proud fathers and delighted mothers gaze with fond affection as the dear youths rapidly fill the blank spot of red cushions. Simultaneously, under the glistening pipes of the great organ at the left of the platform, there enter, amid storms of applause,

the trustees and faculty of the college, and with them a goodly array of distinguished medical men and *literati* not directly connected with this institution.

Among others, we notice Prof. James R. Wood, of Bellevue, Prof. Lewis A. Sayre, Prof. Peaslee, Dr. Governeur Smith, son of the lamented Prof. Jas. Smith, Dr. Cock, of obstetrical fame, and Dr. Krakowitzer, distinguished for his active efforts in behalf of the German Hospital, and for some time President of the New York Pathological Society.

After a prayer by the Rt. Rev. H. A. Neely, D.D., Prof. Samuel St. John read the list of graduates, as follows—ninety and nine in all.

Maine—Frank Carter, Edward T. Fuller, Henry I. Jordan, A. B., Eugene B. Sanborn.

New Hampshire—Eustis F. Langdon, A. B.

Vermont—Burns Gilman, M. D., Z. Gilman, jr.

Massachusetts—Herbert C. Belden, Charles M. Billings, Edward S. Eveleth, John Winslow, M.D.

Connecticut—Willis J. Beach, Morton W. Bastch, Frederick Gilmack, W. H. Palmer, A. B., Eli Warner.

New York—John W. Baldwin, Oglevie D. Ball, James A. Blanchard, Frank V. Brush, Albert H. Buck, Charles C. Buckley, Charles A. Carle, Philo W. Clark, James D. Clyde, Samuel Decker, Francis Du Bois, jr., A. B., Jonathan Edwards, jr., A. B., William S. Ely, A. B., Bache McEvers Emmel, Charles W. Ferguson, David F. Fetter, M.D., W. R. Fisher, A. M., Henry Gray, Emile Gruening, John D. Hale, A. B., Henry E. Handerson, Audley Haslett, A. M., Edward J. Hogan, Geo. F. Hollick, Charles H. Horton, E. Darwin Hudson, jr., A. B., Edward R. Hun, A.B., John J. Keater, John J. Ketchum, Wm. A. Kissam, S. Dwight Martin, Stuyvesant F. Morris, A. M., Henry E. Owen, A. B., Edward R. Post, W. H. B. Pratt, A. B., Ira Remson, Nathan S. Roberts, Geo. W. Robinson, A. M., John W. Robinson, C. F. Rodenstein, A. M., Albert S. Rogers, A. De Loss Smith, Henry C. Turner, N. Berdan Van Houten, Richard C. Van Wyck, Wm. A. M. Wainwright, A. B., Peter Wheeler, W. Parker Wooster, A. B.

New Jersey—Jas. E. Cooper, Laban Dennis, Stephen M. Disbrow, Thomas L. Janeway, A. M., Samuel Johnson, Wm. C. McFarland, Albert R. Randol, Thomas Edward Satherwaite, A. B., Thos. Terrill, jr., James Vanderpool, James V. D. Van Nest, A. M.

Pennsylvania—Warren Schoonover, A. B.

Maryland—Geo. Wells, jr.

North Carolina—Josiah P. Sugg.

Alabama—John H. Murfee.

Mississippi—T. Sidney Scales, A. B.

Kentucky—Jas. F. Peyton, Silas O. Witherbee.

Ohio—Fred. W. Elberg, A. M., Martin Hagan, M. D., Stephen J. Hutchinson, Charles R. Sanderson, M. D.

Indiana—Theo. F. Alverson.

Missouri—John O. F. Delany, Henry Henderson, A. M.

Minnesota—Geo. W. Murdock.

Nova Scotia—Thos. R. Almon, Fred. S. Barclay, Fred. S. Clulman, Charles S. Des Brisay, James N. Fitch, A. B., Daniel De W. Harrington, Wm. M. Lyttleton, David H. Muir.

New Brunswick—Harry Grove.

The stage not being large enough to hold them all, they were separated in four detachments, and duly made acquainted with the Latin contents of their diplomas in quarter-sections, but took the "oath" undivided, standing in their places in the body of the hall.

President Delafield then bid them "God-speed" in their calling, and another burst of lively melody fitly followed the conclusion of this very interesting but slightly tedious portion of the exercises.

Prof. Alonzo Clark then conferred the Harsen prizes for the best three written reports of clinical instruction in the New York Hospital. The first prize of one hundred and fifty dollars, with accompanying medal and ornamental diploma, was received by Mr. J. Ackerman Coles, of Newark, N. J., a worthy son of Dr. Abram Coles, of the same city, who is widely known as a Christian, gentleman, and poet; a skilful practitioner and an untiring student of classic lore. The second prize was conferred upon D. Valentine Lynch, of New York.

The Faculty prizes, for the best graduating thesis, were then conferred by Prof. John C. Dalton. The first prize was received by Mr. Albert H. Buck, of New York, for a thesis upon "Trichina Spiralis." Prof. Dalton, remarked that this thesis bore evidence of considerable research, and was quite remarkable for the originality of its investigations, and the accuracy of its plates. Some facts heretofore unnoticed had been here brought to light, more especially those connected with that most obscure point, viz., the mode in which the animal makes its way through the body to the muscles.

The second prize was conferred upon Ira Remson, of New York city, for a thesis upon "Fatty-Degeneration of the Liver." Which is distinguished for being a very complete and accurate resumé of all that is at present known upon that subject.

Honorable mention was made of the following theses:

Upon Diphtheria, by Jonathan Edwards, of New York.

On the mode of ascertaining death in difficult cases, by Roger S. Tracy, of New York city.

On Animal heat, by Henry Handerson, of New York city.

Next in order came the address of the orator of the evening, the Rev. Henry W. Bellows, D. D.

We say orator, perhaps reader, would be the better term, for much to the disappointment of those who know his facile power as an extempore speaker, he read his address from beginning to end, only now and then raising his eyes from his notes to impress some telling point upon his audience. However much this method may preserve the continuity of subject-matter it is quite sure to be lacking in the snap vigor and vim of an extempore effort; and just in these very desirable qualities the address, though scholarly, ornate, and elaborate, was deficient. The worthy Dr. had perhaps not anticipated that Steinway Hall, would be crowded to repletion with a brilliant and discriminating assemblage, who would be four times compelled to listen with patient decorum to the dry-as-dust "Lectari salutem," of the diplomas, or trusting to a few skeleton notes, and the inspiration of his audience, he might have given us something more inspiriting and vivacious than a written discourse.

Despite the fact that the Dr. saw fit totally to discard the pungent potency of extempore interpolations, and content to shade his renown as an eloquent and ready speaker, he was listened to with that marked attention and discriminating applause which an intelligent audience always accords to a true scholarly production.

The subject of the Doctor's address was "The learned Professions." Our space forbids anything but a very brief synopsis. He remarked that around the bed of the sick, and the dying, are to found the representatives of these three professions. The physician, to alleviate physical pains and distress; the lawyer, to set in order worldly affairs; and the clergyman to guide, support and console, by the exercise of his holy calling. These are the *learned* professions, all equally important, and requiring a special training, and devotion to study, quite unappreciated by those who have not pursued them.

In the useful or ornamental arts the public is willing to admit that a certain amount of study is necessary before one can become an expert. Not so with the learned professions. Here every one seems qualified to judge. No one finds fault with the technical terms used in the arts or trades, but not a few clamor because the physician uses a vocabulary popularly unintelligible. "Why do not"—say they—"doctors and lawyers write in the vernacular? and why even do ministers continue to use the antiquated language of the Gospels and Epistles?" We do not hear this kind of talk concerning either the useful or ornamental arts. No one thinks of setting up as his own watch-maker, or building his own steam engine, or painting his own pictures, unless specially trained for such purposes; but in our day most laymen think themselves good lawyers, and especially good doctors. It almost seems that a man who is not his own doctor at forty years of age, has no right to live any longer. In speaking of the decline of the learned professions, the Doctor remarked that medical and legal men were, to a very large degree, responsible for it, because they have, so to speak, let down the upper bars of their respective enclosures. This is more prominently seen in the present pernicious system of an elective judiciary, in which political trickery seems the only requisite for obtaining a position once honorable, because only to be reached through sound learning and probity. To these dangers he considered the medical profession less exposed. The medical profession was, in his judgment, the rising profession of our day. It was in a greener and more flouring condition than either of the others, and had less to contend with in the radical and factious spirit of the times.

As the metaphysical sciences are declining, the physical are rising. What distinguishes the present age is the study of facts. Engineering, mining, and medicine, are now the studies which are absorbing the young men of our colleges.

The Doctor, in conclusion, spoke of the great services of the medical profession during the late war. It gave him pride to think that in those times of peril, the clerical and medical profession stood shoulder and shoulder together for the good of suffering humanity. The whole medical force, without reserve, threw itself in the field, and to this day the country is but imperfectly acquainted with the sacrifices they then willingly and unhesitatingly made. It was his pride and joy to have been closely associated with medical men for the past six years, so much so, that sometimes he found himself in doubt as to which profession he really belonged. In that time he had learned new lessons of enlarged humanity, new conceptions of human culture, and had formed undying friendships.

After a musical interval, Mr. William H. Palmer, A.B., of the graduating class, delivered the Valedictory address. His subject was "The Advances of our Profession," in which he passed in rapid but comprehensive review, the great medical discoveries which make us so greatly indebted to the past, and predicted a glorious future to the medical profession. The speaker alluded in appropriate terms to the self-sacrificing benevolence of the profession, and took occasion to correct the popular fallacy that medical men

are destitute of feeling. His whole subject was admirably conceived and delivered. We regret that our brief space precludes us from giving an extended synopsis.

An the conclusion of the address the benediction was invoked; and then, as if to dispel the feeling of gloom at sundering the ties of college friendship, the band uproariously broke forth with "Lannigan's Ball;" and finally, sent the youth's into the battle of life with the inspiring strains of "Tramp, tramp, the boys are marching." And thus ended the seventeenth annual commencement of the College of Physicians and Surgeons. *Esto perpetua.* Gotham.

Twins weighing 17 lbs.—Post partum hemorrhage from atony of over-distended uterus—Internal application of cold—Recovery.

Editor Medical and Surgical Reporter:

In the Reporter of December 26, 1866, I reported a case of Embryulcia, stating that at that time the lady was again enciente. Throughout her pregnancy her health had been excellent, but the latter half of it she became of so unwieldy a size as almost to be debarred from locomotion, of course becoming somewhat alarmed herself, as well as a source of anxiety to her friends. Jan. 20, I made an external examination, and decided upon most palpable evidence, that the bulk was owing to a multiple conception.

January 30. Was summoned in haste at 8 A. M. and found that the liquor amnii had been suddenly discharged about 6½ A. M. without pain and in large quantities, without lessening her bulk. No other sign of labor present—no examination.

January 31st. First pain occurred 6½ A. M.—two more before 12 M., slight in character. First examination made 10 A. M.. Found the os fully dilated and soft, no hemorrhage, sufficient mucous discharge. Vertex presenting under right pubis. No interference was deemed necessary. The patient had taken a good breakfast, and took a light dinner at noon. About 2 P. M. the pains began to come on, with moderate frequency, but entirely devoid of force, being composed of a number of feeble impulses, while the patient at once commenced giving way, ejaculating feeble moans, and being in a half-fainting condition, with pale face and feeble pulse. There being no evidence of hemorrhage, this state of things was accounted for by the excessive fear, which increased with every pain. Nervines produced no effect. Tinct. of ergot, one teaspoonfull every 15 minutes, was then given, which increased the pain after the second dose; the alarm, however, at each occurrence still broke them up in those frisky impulses, rendering them useless. I administered chloroform to partial anæsthesia, still continuing the ergot; and now, the morbid mental condition being removed, the labor progressed well. At 4½ P. M. a fine boy, crying lustily, and weighing nine pounds, as afterwards ascertained, made his appearance, and the good nurse, struck with its appearance of size and vigor, exclaimed, "Nary twins, doctor," which assertion she however was soon forced to retract.

The membranes of the second child protruded and were broken, the ergot given in increased quantities, and the flaccid abdomen of the mother supported by the hands of the nurse. The second child presented the vertex under the left pubis and with very feeble throes, was born alive and hearty a quarter of an hour after the other. It weighed eight pounds.

Now came the chief difficulty. She had taken one fluid ounce of tinct. ergot, and the abdomen had been constantly and carefully sustained; but the birth of the second child was followed by a terrible gush of blood, deluging bed and floor, and almost leaving the patient lifeless. I instantly introduced the left hand into the uterus, and the right on the surface of the abdomen, making strong friction and pressure.

I should have stated that the umbilical cord had been carefully tied with and severed between two ligatures. The placenta (there was but one with two cords) was partially detached. I removed it entirely, immediately reintroducing my hand, as the hemorrhage, though slightly checked, was still flowing at a fearful rate. Twenty grains of powdered ergot with a tablespoonful of the tincture and five grains of sugar of lead in the meantime were poured down the throat of the almost lifeless patient.

My hands inside and outside the uterus seemed to me almost in contact, so thin had the uterine and abdominal walls become from the enormous distention (seventeen pounds of children, beside water and placenta!) The uterus felt like a wet bag. I could now control the bleeding by pressure on the aorta (plainly felt) through the back of the womb, but there was not the slightest effort at contraction.

I now had a hard snow-ball, the size of a small orange, prepared, and immediately introduced it bodily into the womb. This had the desired effect; the patient heaved a deep sigh, shuddered, and the uterus slowly contracted on my hand. I allowed it to be expelled, if the feeble impulse can be so called, carrying a large quantity of clots with it, the right hand still grasping the

uterus externally. A bandage and thick compress were firmly applied by 6 P. M.

The patient rallied very slowly. Opiates and alcoholic stimuli from idiosynocrasy disagreed with the patient and could not be employed. She remained very sick and faint till about 8 P. M., when she vomited freely about three pints of fluid dark, acid, and offensive matter.

I now ordered iced milk, which seemed just the thing; the patient took it with avidity, and every spoonful told, so that by 10 P. M. she was considered safe.

The subsequent history has nothing of interest, except the almost entire absence of after-pains and slight lochia, and to-day mother and boys are "as well as can be expected."

J. G. F. Holston, M. D.

Zanesville, Ohio, Feb. 7, 1867.

Inhalation of Lime in Croup.

Editor Medical and Surgical Reporter:

Charley B., aged 7 years, awoke at 9 P. M. Feb. 6th, with a hoarse, croupy cough. The father, a near neighbour, came to my house and requested me to send some medicine. I gave an emetic of ipecac., with three grains of calomel.

Next morning (7th) I was requested to see him. Found him with unmistakable croup. The parents stated that the medicine had vomited him freely without producing any relief.

I immediately administered a piece of powdered alum, and sent for quicklime.

When the lime was procured and ready for use, the little fellow was vomiting freely. I placed the vessel containing the slaking lime under his mouth aad nostrils. In a very short time the respiration was quite easy, and the cough had lost its alarming ring.

Twenty drops syr. scillæ, with half grain antim. et potass. tart. was given every two hours, and the inhalations resorted to whenever the cough became hard and dry.

Slight febrile excitement continued for 36 or 48 hours. On the fourth day he was discharged well.

I send this brief report without comment. I hope others will give the lime a trial, and furnish the results for publication in the Reporter.

H. F. Willis, M. D.

Preston, Md., Feb. 22, 1867.

News and Miscellany.

——Dr. Railly J. Clark died at Glen's Falls, N. Y, on Wednesday, in the 90th year of his age. It is stated that he drew up the constitution of the first regularly organized temperance society in the United States, at the town of Moreau, Saratoga county, in 1808. He has served in the Legislature, and was a member of the Electoral College in 1848.

The Mortality of Bachelors.

Dr. Stark, of the Scottish Register Office, has produced a strong statistical argument in favor of marriage. Taking, as an unexceptionable average in relation to the marriage of men, the period from the twenty-fifth year to the close of life, the mean age of the married men at death was 60 2-10th years, while that of the bachelors was only 47 7-10 years, giving a man a chance of living eleven years longer if he married than if he remained a bachelor. Dr. Stark maintains that, as the army is almost entirely composed of bachelors, the mortality of soldiers is represented unfairly when it is compared with that of the civil population generally, more than half of whom are married. The comparison should rather be with that of bachelors, and of bachelors living in towns, since soldiers are congregated in masses, and usually occupy barracks in towns.—*British Med. Journal.*

MARRIED.

Bettz—Shower.—In Stewartstown, Pa, March 7th, by the Rev. J. Y. Cowhick, Theodore Bettz, M. D., and Miss Nettie, daughter of George Shower, Esq., all of Manchester, Carroll co., Md.

Hanley—Blair.—At the residence of the bride's father, Feb. 26, by Rev. Z. S. Weller, Rev. W. Hanley and Miss Sarah M. Blair, daughter of Dr. W. Blair, of Huntsville, Mo.

Neusome—Anderson.—In Iowa co , Iowa, Feb. 26th, by Rev. James Anderson, W. W. Neusome, M. D., and Miss Catherine Anderson, all of Iowa.

Percival—Jones.—Feb. 19th, at the residence of the bride's parents, by Rev. J. N. Paxson, George G. Percival, M. D , and Isabel B., daughter of George T. Jones, Esq., all of this city.

Ross—Sine.—At the residence of the bride's father, March 5, 1867, by the Rev. Mr. Spruell, J. M. Ross, M.D., of Cincinnati, Ohio, and Miss Mary Sine, of Newport, Kentucky.

DIED.

Blachford—Suddenly, March 10, 1867, at Parkersburg, W Va., Beall S. Blachford, son of Dr. Thomas Blachford, of Lynchburg, Va.

Cox —March 6, 1867, at Miamitown, Ohio, after a protracted illness, Dr. Hiram Cox, long a resident of Cincinnati.

Osborn.—In New York, March 14th, of pneumonia, Elizabeth, widow of the late Dr. Thomas Osborn, aged 71 years.

Whitney.—In Chicago, Ill., March 7th, Charles T., only son of Elizabeth J. and the late Dr. William Whitney, aged 24 years.

METEOROLOGY.

March,	4,	5,	6,	7,	8,	9,	10.
Wind	N. E.	N. E.	N. E.	N. E.	N. E.	N. E.	N. E.
Weather	Cl'dy. Rain.	Cl'dy. Snow.	Cl'dy. Rain.	Cld'y. Rain.	Cl'dy.	Cl'dy. Rain.	Cl'dy. Rain.
Depth Rain				1 4-10			5-10
Thermometer.							
Minimum	30°	29°	30°	32°	29°	30°	35°
At 8 A. M	36	35	32	35	35	34	36
At 12 M	38	38	31	36	40	41	41
At 3 P. M	39	39	31	37	41	42	40
Mean	35.75	35.25	31.	35.	36.25	36.75	38.
Barometer.							
At 12 M	30.	30.4	30.6	30.	30.5	30.4	30.2

Germantown, Pa. B. J. Leedom.

THE

MEDICAL AND SURGICAL REPORTER.

No. 526.] PHILADELPHIA, MARCH 30, 1867. [VOL. XVI.—No. 13

ORIGINAL DEPARTMENT.

Communications.

MILK-SICKNESS: ITS CAUSE AND EFFECTS.

BY AMOS SAWYER, M. D.,
Of Hillsboro', Ill.

The inclosed article—"The Plant that Causes Milk-sickness"—I clip from the "*Missouri Republican*," thinking it might prove of interest to the readers of your Journal.* I also wish to add my testimony to that of Mr. JERRY.

In August, 1860, I received information that a Mr. R. N. LEE, residing at Nokomis, in this county, had discovered the plant that produced milk-sickness. I therefore determined to procure a specimen, and during the following September, I rode *sixteen miles*, for that purpose, as well as to converse with the discoverer of this cattle exterminator. I found him at work at his trade—plastering—and he was unable then to leave his work to procure the desired plant. He promised, however, to send me a "bunch" in a few days.

He assured me there could be no doubt, as to its being the identical plant that caused this most frightful disease; for he had often administered it to animals, in order to convince his skeptical neighbors; and they, one and all, admitted it produced the genuine milk-sickness.

Upon the reception of the plants, (wishing to have authority, other than my own in its *botanical* analysis,) I sent a specimen to that eminent physician and botanist—Dr. Wm. M. MCPHEETERS, of St. Louis, Mo. His reply was in accordance with that of Mr. SANDERS. I immediately communicated to Mr. L. the name of the plant; but do not know that he interested himself further, in the matter; although he was aware that large rewards had been offered by this, and other states, for the discovery of the cause.

*The article will be found on a subsequent page.

My own experiment with the *Eupatorium Ageratoidis*, warrants me in asserting that it will produce a disease in animals, *very similar* to milk-sickness. The *constitutional* effects however may be different: for in the genuine disease, man seldom, and animals *never*, *entirely* recover: as evinced by the shattered condition of the nervous system—the least over-exertion, especially during warm weather, causing muscular weakness and trembling, and in addition, in man, nausea and vomiting—this I have known to occur fifteen years after the attack.

It frequently happens that drovers purchase cattle, which have recovered from an attack of this disease, and are apparently healthy; but should they at any time over-fatigue them, it will quickly be discovered, for down they go wherever they may be; and unless they are fed all the corn (best green) they can eat, more or less will die; corn seeming to have the same happy effect with them, in the cure of the disease, that quinine does in ague.

I will cite a case (one of the many, occurring every year,) in illustration.

During the fall of 1865, a drover wishing to reach a certain place, where he could stop with his cattle for the night; and being somewhat behind time, urged his drove to a quicker pace. In a short time, to his great astonishment, almost at the same moment, 12 of the best and fattest steers "fell out of the ranks," trembling and staggering until they fell, and he was obliged to abandon them to the care of a brother farmer. This occurred within three miles of our town. I saw the cattle a few days afterward, and would defy any one to detect the slightest symptom of disease, by simply looking at them; for they were apparently as healthy as any of their 200 associates. As they were shipped *East*, I presume they made as palatable an article of food as the best; although they were *not*, strictly speaking, *healthy*!

One thing about this disease is remarkable—it is confined to certain districts: for instance—four miles east of this place is its *west* line

of demarcation; its *east* line being some 10 miles distant from the latter. Understand, *it is only found in the woods*; no danger while the cattle remain on the prairie. About six miles north you meet the line; while south and west you will not find it by going 20 miles. It does not appear to extend its limits, but where it now is, it *always existed.*

A Mr. S—, of Edwardsville, in this state, about 25 years ago, stopped at a spring near that town, and quenched his thirst at its crystal fount; also permitting his forward yoke of oxen to do the same. The cattle died; and he, after a long and painful illness recovered, a mere wreck of his former self. Could the *Eupatorium* have been the cause in this instance? Of course the question can not be answered now; but the circumstance is often cited as a proof that the poison exists in water.

Salt neutralizes the effect of the poison; for butter, cheese, or even the flesh of diseased animals may be eaten with impunity if well salted: or at least this seems to be the opinion of those who live in the affected districts. I am knowing to the fact, that, though the inhabitants will not drink milk after the sickly season begins (after the first frost,) nevertheless they continue to make *butter*; and as it is impossible to discover any symptom of the disease for from 10, to 48 hours after the reception of the poison, it is reasonable to suppose that a considerable amount of *diseased butter*, finds its way into market, yearly. An old farmer informed me that when stock have access to salt, the disease was unknown.

The herbiverous animals known to be susceptible to the poison are the horse, ox, and sheep; carniverous, dog, cat, wolf, and their species. Those unsusceptible, are the hog, and deer. Fowls of all kinds are susceptible, not excepting the *buzzard.*

MISTAKES IN SURGICAL DIAGNOSIS.

BY STILES KENNEDY, M. D.,
Of Delaware.

Art. II.—*Supposed gun shot fracture of the button mistaken for Erysipelas. elbow joint; Amputation.—Retained brass*

At the battle of Drewry's Bluff on the 10th of May 1864, Gen. Beauregard captured quite a number of Federal wounded and their assistant surgeons. These were all moved to the barracks at the bluff, which was then being used as a field infirmary by the Confederates.

The captured Medical officers of the federal army were in charge of their own wounded, and their supplies were furnished by a confederate purveyor on the ground. They had been dilligently at work for some time, when two surgeons of the southern army loitering by found an arm under the operating table, and with laudable curiosity they took the arm up, laid it on the table and opened it from behind to find out the extent of injury done the elbow joint. To their surprise the joint was not injured, and they cut the flesh entirely from the joint and up the humerus to the point of amputation. They then asked the assistant surgeon the cause of his amputation. He said that he examined the arm and found a piece of bone in the wound, and from the direction of the "track" he supposed the ball had passed directly through the joint.

I heard the case related to the chief Surgeon, with the suggestion that Libby prison was more suited to the operator than the infirmary was. I crossed the yard to examine the arm for myself, and sure enough the joint and bones were perfect. "How could such a mistake on the part of the operator possibly have occurred?" was asked by every one. The poor fellow was seemingly indifferent to the consequences of his error, although he was dejected and must have felt wretchedly, for no one could offer the first palliating circumstance for the grossness of his mistake.

I took the flesh that had been removed from the bones, from under the table, and introduced my finger into the bullet hole, and found a hard, rough substance imbedded in the flesh, it was examined by others and they concluded it was bone. I laid the wound open and found a piece of cherry wood three fourths of an inch long, and a third in diameter, jagged and rough. This had caused the soldier to lose his arm.

The ball struck the flexor carpi radialis, passed upward under the pronator radii teres, tore up a portion of the brachialis anticus, and imbedded itself in the triceps on the back part of the inner side of the arm. The ball was now examined, it was flattened near the point on one side, and in this irregular indented surface, as well as in the circular groves near the base, fibers of the same wood were found. This was invaluable evidence, and should have led at once to cleaning out the track of the ball, and a most careful examination of the adjacent parts, as well as by

questioning the patient himself in regard to his position in relation to other objects and the exact position of his arm, in relation to his body, and things close to it.

The value of this sort of evidence is well illustrated by the following circumstance:

While passing through Goldsboro, N. C. in January 1863, a wounded soldier on furlough waiting at the hotel for cars, observing me to be a surgeon, asked if I would dress his leg. I replied in the affirmative, and as I removed the old dressings, he entertained me with his "story of the fight," and by the time I had the dressings off, he had got to that point where soldiers always show the ball—if they have it—that they were wounded with. I am always glad when they have it, for it answers the place of a good deal of talk with them, and sometimes aids in diagnosis. This soldier's ball was a minnie, flattened very much on one side, and in the roughness of this surface I could detect a few very small particles of brass.

His wound was in the thigh, the ball entering about the middle of the inner front, passed through without touching the bone, and made its exit by the knife on the same line posteriorly. The exit wound had healed, but the front wound was running a gill a day. He was pale and emaciated, being in the fourth month of his suffering. After a very tedious examination I cut a U. S. army staff button out of his thigh, four inches below the front wound; and for the first time he remembered that he had this button in his pants pocket the morning he was wounded, although I had asked him repeatedly if such was not the case, he steadily maintained the negative to my questions.

One mistake very often leads to many others; as in the case of the elbow joint, the medical officer recklessly presumed the ball to have taken a direct line through the joint—from the point of entrance to its lodgement. Then mistaking the piece of wood for bone, confirmed his former error, and led to amputation. On the other hand, amputation having been determined on, it was not thought necessary to make a further examination, and increase the pain and suffering of the patient.

This timidity on the part of the surgeons, which too frequently takes the shape of kindness to patients, is so censurable that no surgeon should allow himself to be drawn into it.

No surgeon should act at all, unless he can do so intelligently, and to effect this, a careful and often prolonged and perhaps repeated, examination must be made; if the consequent pain and suffering cannot be alleviated, then the patient must bear it the best he can.

In the case of the thigh wound, the soldier informed me that he had been under treatment for subcutaneous erysipelas, and the only evidence I could find by the most thorough cross-questioning, upon which to found such a diagnosis was the large amount of suppuration, caused by the presence of a brass button in the thigh.

THE ETIOLOGY OF SPECIFIC DISEASES.

BY W. R. CHISHOLM, M. D.,
Of New Bedford, Mass.

Of the many subjects a physician is called upon to investigate, none is of more importance to the human race, or of greater interest to the man of science, than that of *etiology*. It is not only one of the most interesting studies that can engage the attention of man, but it is also of great *practical value* to the physician.

A knowledge of the causes of epidemics would be of vast service in directing us how to treat them with success, and also—what is of far greater importance—how to prevent them. In fact, it may be said that a knowledge of the etiology of a disease is *essential*, to enable us to act intelligently in devising measures to prevent it.

If we knew the true cause of *epidemic cholera*, for instance, we should then all agree as to the efficiency of quarantines in preventing its progress, and we should probably agree also upon some more rational and successful method of treatment than any now in vogue, as the inutility of many of the plans now proposed would at once be seen; and for the same reason fewer experiments would be tried; and thus our patients would be saved much impotent or positively injurious treatment.

The subject of Quarantine is of very grave importance, and has led to much discussion in all parts of the civilized world. While quarantines are expensive, and productive of great inconvience to commerce, there are many intelligent physicians who believe that they are utterly useless in preventing the ingress of epidemics, and therefore that they should be abolished. A powerful opposition is constantly crying out against the vexatious—and, as they

say, *useless*—restrictions upon trade and travel imposed by our present system.

Are quarantines of any real value? It is time that this question was settled beyond further controversy; and the Medical Profession must settle it by studying the etiology of epidemic diseases, and discovering the laws which govern their rise and progress. If it can be proved that any given disease is caused by "atmospheric conditions"—such as, excess or deficiency of ozone, of heat, moisture or electricity, or by an "epidemic constitution of the air," then no argument is required to show that against *that* disease quarantines will always prove useless. Quarantines can never prevent the diffusion of gases, the absorption of heat, nor the condensation of vapor; nor can they control currents of electricity, or change an electro-negative atmosphere to an electro-positive one, or in any degree affect the "constitution of the air."

But let us suppose an epidemic disease to be caused by a *parasite*—or, if that is too bold a supposition, we will say a *virus*, or *germ*,—having the power of reproducing itself in the human system, and of passing from an infected person a limited distance—say 500 yards—and thus infecting healthy persons *within that limit only*. It is evident that we can always prevent *such* a disease from spreading, by isolating infected persons; and this can best be done by quarantines.

It appeares, then, that before we can judge of the value of a quarantine, we must first know something of the nature and cause of the disease we wish to guard against.

Although epidemics are "wrapped in apparent inexplicable mystery," it is believed that by patient observation of their phenomena, guided by the principles learned by a proper study of other branches of science, or, in other words, by what we already know of the laws of nature, the human intellect may yet penetrate the mystery, and discover their causes and the laws by which they act.

In this essay, I shall attempt to show that *all specific diseases are caused by microscopic life-forms, each disease being caused by a distinct species of animal or vegetable life.* Should I fail to convince others of the truth of this theory, I yet hope that my humble effort will stimulate some abler mind to investigate this most interesting subject.

Let us first take a broad view of diseases in general: We find that all living organisms, from the humblest plant up to man, are subject to diseases of various forms.

Diseases may be divided into two grand divisions, *viz. General* and *Specific.*

General diseases may be induced by impure air, extremes of temperature, a deficiency of food, of light, or of any element necessary to maintain the organism in health. In man, we are to consider mental causes also, as inducing general disease; for it is well known that continued grief, heavy care, or anxiety of mind, will seriously impair health, although the supply of air, food and clothing, may be abundant and of good quality.

A general disease has no reproductive power, and therefore it is never contagious nor infectious.

Specific diseases embrace all that present a specific type; all that are known to be caused by a *virus*, as syphilis, small-pox, cow-pox &c.: all that are in any degree contagious or infectious, epidemic, endemic, or pandemic.

Specific diseases have the power of reproducing themselves; and thus they are usually *contagious*, as syphilis and rabies; *infectious*, as cholera and yellow fever; or *both*, as small-pox and scarlet fever; but they may be neither as in ermittent fever, and all other endemics.

The oïdium or vine disease, and the potato-rot among epiphytics, pleuro-pneumonia and rinderpest among epizoötics, cholera and diptheria among epidemics, are all examples of specific diseases, chosen from among those of the most recent origin.

A specific disease can never arise from general causes, but its occurrence must always depend upon a specific virus or germ.

A specific cause never produces a general disease. A healthy man, exposed to the infection of a specific disease, either takes that disease or nothing. If he becomes infected at all, the result will be a disease precisely similar to that which caused the infection. A man may injure his health by intemperance, by hard labor, or by starvation, but he cannot cause a specific disease by any of these methods. He cannot have the itch unless the *acarus* burrows into his skin and there reproduces its kind, nor can he take syphilis without contact with syphilitic virus. No amount of animal or vegetable decomposition will ever "breed" cholera in this country, but its germs must first be imported; and then, it is highly probable (*but not yet proved,*) that air contaminated with organic impurities favors the spread of the

disease. "Like begets like;" and "All life is from the egg."

In studying the etiology of specific disease, almost the first fact which excites the wonder of the student, is their marked *individuality*. With few exceptions, each disease chooses some species of animal or vegetable, to which it confines its destructive power, and year after year it constantly produces the same symptoms, never changing its character—never producing other effects or attacking other species.

The *potato-rot* which suddenly appeared in Europe a few years ago, causing a famine in Ireland, and threatening to annihilate the potato, still lingers on this continent, (having travelled westward in accordance to what appears to be a general law of specific diseases,) and wherever seen to-day, it presents the same features which it did when first observed; and its cause appears to be innoxious to other plants.

The *buttonwood-blight* confined its ravages to the sycamore trees, which were everywhere singled out and blasted by the disease, while trees of other species escaped unharmed.

The different grains, fruits, and vegetables, used by man for food, have most of them been attacked by specific diseases during the lifetime of the present generation, each disease attacking one species.

Among the lower animals pestilences have been observed to attack horses, while horned cattle confined under the same roof, and eating of the same food, entirely escaped. Then we have the pleuropneumonia and rinderpest affecting horned cattle only, the foot-rot confined to sheep, and the hog-cholera to swine.

Epidemics appear to affect man only, and it is not known that their causes ever operate to produce disease in any of the lower animals.

It seems, then, that a law of nature restricts each specific disease to some one species of animal or plant. An *infectious* disease is infectious only to the species in which it originated, although it may be *contagious* to others, and may be transmitted to them by transplanting or inoculation. A disease natural to a lower animal may by this means be forced to take root in man, and thus to grow, as it were, in a foreign soil. Rabies from the dog, and glanders from the horse, occuring in man, are good examples of transplanted diseases; but the best known and most interesting example, is the cow-pox or vaccine disease.

An attentive study of the phenomena attending vaccination reveals a law of great practical value. Cow-pox never occurs spontaneously in man, neither do rabies or glanders. They can only affect the human system as the result of *contact* of a virus; but, once transplanted, they reproduce themselves, and may, (by inoculation only,) be transmitted indefinitely. They are true types of exclusively contagious diseases, being, in man, never infectious. Now, as these diseases are all known to have been derived from inferior animals, we may safely assume that: *all exculsively contagious diseases*—all that are seen in man only as the result of inoculation—*are foreign to the human race, and must have originated in some lower animal.*

If this assumption is correct, then the question of the origin of venereal diseases is settled; for they are strictly contagious, are only known in man as the result of inoculation.

Logic helps us to this conclusion. These diseases never occur in man spontaneously now-a-days, and we are justified in assuming that they *never did;* for *the laws of Nature are immutable.* Syphilis is believed to have been unknown until the latter part of the XVth century, and no natural law has changed since then. So it is improbable—we may say *impossible*—that the first case in man arose spontaneously. It must have been the result of *contagion*, or *contact with a living body*, for the virus can only be generated there. The first man who had syphilis, therefore, must have taken it from a brute.

The supposed derivation of the word syphilis, from the Greek words *Sys*, swine, and *phileo*, to love, seems to confirm our reasoning. We must admit, however, that this etymology is doubtful.

Now that we have said so much about syphilis, it may be profitable to glance at the earliest notions concerning its *etiology*. It appeared in Italy in 1494, when Charles VIII of France invaded that country with an army. The morals of the people were at that time so loose that the disease spread with frightful rapidity, and it was believed that it was transmitted by the *atmosphere*. No one supposed that it was transmitted by sexual intercourse, nor even dreamed that it was contagious. It was not until 1556 that Fernel made known its true mode of transmission. He taught that it was contagious, and that contagion was *indispensable* to its propagation. He also taught that the contact necessary to transmit

the disease occurred during sexual intercourse.

We thus see that it was *sixty-two years* after the appearance of syphilis before anything was known of its true nature. Then, as now, the *atmosphere* was supposed to be at fault in all epidemic and contagious diseases. Then *astrology* was consulted by the same class of persons who now consult *meteorology*, and waste time in searching for "ozone," "electricity," or some other *ignis fatuus*.

We have branched off from the subject of vaccination; but before we leave it, let us consider the principle involved, and whether it may ever be applied to the prevention of diseases other than the small-pox.

The small pox is a *non-recurrent* disease, the rule being that a person has it but once, or if it does recur,—it is only after the lapse of several years has given time for a change in the system. The phenomenon of its non-recurrence is best explained by supposing that its germ feeds upon some element in the system which is exhausted by the first attack, and of course the disease cannot recur until this element is renewed. Now the cow-pox when transferred to the human system, appears to exhaust the element upon which the small-pox feeds, and thus the latter disease is, for a time, prevented.

When, therefore, we discover another *epizootic* disease, the germs of which, transferred to man, will cause a mild disease, and at the same time exhaust some element essential to the existence of an *epidemic disease which is non-recurrent*, we may prevent that epidemic by applying the principle of vaccination.

Cow-Pox is not small-pox, modified by passing through the cow, as is sometimes taught; but the two diseases are distinct in nature, the small-pox belonging to man, and being highly infectious to the human race only, while the cow-pox belongs to the bovine race, to which alone it is infectious.

By inoculation we may transfer small-pox to the ox or cow, or the cow-pox to man; but in either case the disease retains its original character, and is not "modified" in the least. The virus of cow-pox, after passing through any number of individuals of the human race is still the same, and will produce the original disease in the cow, manifesting all its original infectious power in the bovine race, al hough in man it is exclusively contagious. So the virus of small pox which has been forced to germinate in the cow, in which animal it is exclusively contagious, will cause the original *infectious* small pox in man.

[TO BE CONTINUED.]

Hospital Reports.

PENNSYLVANIA HOSPITAL, February 9th, 1867.

SURGICAL CLINIC OF DR. AGNEW.

Reported by Dr. Napheys.

LITHOTOMY.

THIS boy has been suffering for three years, with irritation about the bladder, manifesting itself by frequent urination at night, a sudden interruption in the flow of water, obliging him to change his position in order to bring about a resumption of the passage of the stream, and a constant desire to defecate and during defecation, a disposition to strain. These symptoms look to some foreign body in the bladder, and constitute good grounds for supposing the existence of a vesical calculus. Still, however, there may be no foreign body in the bladder. They are called the rational symptoms, or signs of stone or urinary calculus. No operation is ever to be performed in a case of this kind without a physical exploration by means of a sound. The patient is prepared for sounding, either by introducing a certain amount of fluid into the bladder in the event of its being empty, or by having him hold his water for several hours if he be able to retain it for that length of time. The sound when it has entered the bladder is to be moved about in all directions until it meets with the foreign body, the presence of which is readily recognized by the peculiar click, produced by its contact with the instrument.

The usual seat of calculous formation is the kidney. The urine is a complex secretion, containing a variety of saline constituents. In consequence of disturbance of the digestive organs or some injury to the spine, the urine may become incapable of suspending all of its elements and a deposite takes place so soon as it escapes from the uriniferous tubes. Two or three grains of uric acid may be thus precipitated, form a nucleus for the attraction of other matter, and in this way, for gradual accretion the calculus may grow until it has attained a considerable magnitude. Then it is thrown from the pelvis of the kidney into the ureter, and during its passage into the bladder, occupying twenty-four or forty-eight hours, it may cause severe colic which instantly subsides as soon as the concretion reaches the bladder. Having entered that viscus it acts as a source of attraction there, and rapidly increases in size. A section of a urinary calculus shows in the central portion of it a body which is the nucleus, and arrayed around it concentric layers of earthy matter.

This is the ordinary way in which these urinary concretions are formed. But any

patient, whether he has such a diathesis or not, may have stone, provided some foreign body passes into the bladder. Dr. AGNEW, in examining a man who had been wounded at Gettysburg, the ball entering one side of the pelvis, found a stone in the bladder, which he presumed to have collected around the bullet as a nucleus. The stone was extracted at Chester and the ball found to constitute its nucleus. Any foreign body acts as a center of attraction and will draw from the urine the materials necessary to constitute a urinary calculus.

Having ascertained by the sound the existence of stone, its extraction may be accomplished either by crushing or by making a free incision, which is the operation now generally practiced, of the perineum upon one side, opening the perineal structures and the neck of the bladder. The operation of crushing is really a very old one, although there have been modern improvements which have made it comparatively new. The operation of cutting is also old.

The old surgeons had a very great apprehension indeed of opening the neck of the bladder. They thought it was always followed by unpleasant symptoms, sometimes even producing fatal results. They thought that cutting the neck of the bladder, was particularly objectionable. They were in the habit of making a little orifice through the membranous portion of the urethra, and then dilating it as they said, but really, lacerating it. This was so horrible to the patient and surgeon, that many were disinclined to touch a case of stone. The operation consequently fell into the hands of itinerants, who went about the country reducing ruptures, and cutting for stone. One of these acquired a great reputation. He was a Frenchman, who knew nothing at all about the anatomy of the perineum, but he boldly cut down into it, without reference to what he was cutting, and extracted the stone with great facility. The attention of the profession was drawn to the fact that he very easily got out the stone. It was, however, nortorious that most of his patients died. Parisian surgeons showed him the anatomy of the part and he afterwards became very successful. The operation of CHESELDEN, as it is called, is that usually now performed.

The boy was thoroughly etherized. The sound was carried into the bladder, and a deal sounding board attached to it, by means of which the click of the calculus could be distinctly heard throughout the room.

The patient has been placed under the proper preparatory treatment; his general health has been attended to; his bowels have been opened two days ago and this morning his rectum was thoroughly evacuated in order to produce collapse of it, and thus avoid the danger of wounding the wall of that viscus; and he has retained his urine for three hours. Previous to the introduction of ether, the patients had to be firmly tied. But as he is under the influence of that anæsthetic it is not necessary to subject him to such confinement.

The perineum was shaved. The staff was introduced into the bladder and hooked up against the arch of the pubis, and the patient brought down to the edge of the bed. By the finger in the rectum the staff was placed obliquely to correspond with the line of the cut. The incision was made at the left side of the perineum, beginning about three-fourths of an inch in front of the anus and carrying it obliquely downward and outward to a point midway between the verge of the anus and the tuberosity of the ischium. Two movements of the knife reached the membranous portion of the urethra which was opened and the neck of the bladder and prostate were then divided by the scalpel on the staff. The latter was withdrawn and the finger carried into the bladder to guide the forceps. The stone being soft and very large, broke under the pressure and was extracted, in pieces by the scoop. A catheter was introduced, and a syringe full of water thrown into the bladder so as to wash out the debris.

The after treatment, which is as important as any other, will consist in keeping the boy perfectly quiet, seeing that the parts are kept dry, to prevent excoriations, giving him an anodyne to lock up the bowels for five or six days, allowing him a nutritious diet, and treating symptoms as they arise. If surgical fever should supervene it will be treated upon general principles.

In performing this operation the surgeon should have a staff of good size, as large as the urethra will contain. It can then be felt without making the perineum prominent, and as increasing the risk of cutting the internal pudic artery, or the rectum. The staff ought to be held away as much as possible from the perineum. In most cases where the rectum is wounded it is owing to the disposition to push the staff so far forward that it may almost be felt through the integuments.

The instruments usually employed to divide the neck of the bladder, are the gorget and the knife. Either of these, accomplish the object with perfect facility. The operation can be performed more quickly with the knife, as time is lost in exchanging the scalpel for the gorget.

PARALYSIS FROM INJURY TO SPINE.

Miner aet 24. He has been in the hospital for eleven days. A bank of ore fell in upon him and crushed him. The symptoms which presented themselves and still exist, are perfect paralysis of sensation and motion of the lower extremities, involuntary passage of faces and retention of urine. He has unimpaired motion and sensibility of his hands, arms and upper portion of his body. On examining the extent of sensation in the lower extremities, it is found that all the anterior and inner portions of his thighs and legs are insensible, but that feeling remains in the outer portion, and that a point can be designated, on one side of which he has sensation, and on the other, not.

He still feels contort over the surface of the abdominal muscles. There is great tympanitic distention of the abdomen.

These symptoms point either to fracture of some portion of the lumbar or lower dorsal vertebræ, or to concussion of the spinal marrow, followed by rupture of the thin wall of the large veins on the inside of the spinal canal, and pressure on the cord. The diagnosis of fracture of the bodies or articular processes of the vertebræ is very difficult, that of spinous process can readily be made out, they being easy of access. Whether these be fractures or not, there is pressure on the spinal cord, as shown by the paralysis of the anterior crural nerve. The reason he feels on the outside of the limbs, is because the nerves endowing these parts, comes from a source higher than the others. The nerves conferring motion and sensibility upon the intestines, come from the spinal marrow, hence, anything of this nature which involves the spinal cord, must be followed by paralysis of the muscular coat of the bowels, and therefore an accumulation of flatus in, and distention of the bowels.

All that can be done is to make the patient comfortable. Nearly all these cases terminate fatally. The man must be protected against excoriation, for after an accident of this kind bed sores are very common. For this purpose a water bed is a significant contrivance. If this cannot be obtained, the part exposed to pressure should be rubbed with some stimulating liniment, to keep up their vitality, and relieved by appropriate air bags, or cushions. The bladder should be emptied two or three times a day, and as the bowels are opened without the control of the patient, cleanliness becomes very important.

Bellevue Hospital, N. Y.

STRICTURE OF THE URETHRA—DEATH—AUTOPSY.

Reported by J. Calvin Mead, M. D., Senior Asst. Surgeon

M. H. æt., 35; laborer. Admitted into Bellevue Hospital June 14th., 1866 with the following history. Three years before admission, contracted gonorrhœa from which he apparently recovered in three weeks. Eighteen months later, was troubled with incontinence of urine. Previous to this, his stream of urine had gradually decreased in size until the time mentioned, when he could only void the urine guttatim. His condition remained unchanged until he entred the Hospital for treatment.

When first seen, the urine was constantly dribbling from him. The introduction of a capillary bougie proved the presence of a stricture seven inches from the meatus. Subsequentlya No. 3 (bulb pointed) bougie was made to engage in the stricture but could not be passed through it.

June 21 1866, 9.30 P. M. Patient tossing about in bed, complaining of severe burning pain above the pubes and inability to pass urine. . He was at once placed under treatment and seemed for a day or two to be improving, but pain and other symptoms afterward became aggravated. He gradually sank and died June 27th.

Autopsy, 12 hours after death. The penis, bladder, ureters, and kidneys were removed together.

Urethra. About seven inches from the meatus there was found a stricture hard and unyielding. Urethra not dilated behind it.

Bladder. This organ was distended with a dark and very offensive fluid, consisting of blood urine and pus. The walls were much hypertrophied. The mucous membrane showed signs of chronic inflammation, much resembling in appearance, heavy, knotted, woolen cloth.

Ureters. These were distended to different degrees from ¼ to 1 inch in diameter. In the left, were three constrictions through one of which a small probe could be passed with difficulty. Behind these the organs were more distended than elsewhere.

Kidneys. The right was the larger. The pelvis and calyces of each were enormously distended, and a considerable part of the pyramidal portion removed. Near the surface were seueral small abscesses.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

CONVERSATIONAL MEETING,

Wednesday Evening, March 13th, 1867.

[Reported by Dr. Napheys.]

Subject for Discussion—*Report of Committee on Status of Female Physicians.*

Dr. D. Francis Condie, Chairman.

Dr. Condie read the following report: The subject for discussion, to-night, may be comprised in the following question, namely: Is the recognition of Female Medical Graduates by our profession proper and expedient?

It cannot be denied that there are in our midst, women of fine natural abilities, cultivated by a thorough, liberal education; nor will it be doubted by any one that, were one of this class of women to be thoroughly instructed in the institutes and practice of medicine, she would be as likely to become as successful a practitioner of the healing art as any male graduate; and were a woman, thus qualified, to confine herself to the investigation and treatment especially of the diseases of her own sex and of children, we do not believe that association with her at the bedside of the sick would be objected to by any liberal-minded practitioner of the other sex. But to inundate our profession with a host of females possessed of no higher qualifications, professional or ethical, than are possessed by

the graduates of badly organized and irresponsible schools, cannot be too strongly deprecated. There are just grounds to believe that such will most surely be the case as schools for the manufacture of female doctors multiply, and their benches become thronged by women who are prompted to the pursuit of medicine by no higher motive than what results from a feeling that it is respectable, less confining and more remunerative than any of the ordinary pursuits that are now open to them. Even to those ladies who are conscious of possessing all the qualifications, intellectual and educational, to enable them to enter with a fair prospect of success upon the study and practice of the healing art, we would say, pause before you assume the toil and anxious cares—the heavy responsibilities—incident to the life of a physician. Recollect, also, that in devoting your days to the practice of medicine, you must necessarily forego that high and noble mission for the fulfilment of which you were destined by your Maker. You cannot hope to become the central sun of the domestic circle diffusing through it a genial light and warmth, and beauty; you must give up the pleasing task of developing—as none but a mother can—the physical, moral and intellectual faculties of the young; and of acting out your appropriate role of becoming at all times and in all things a help meet for man. To practice medicine faithfully and successfully demands the concentration upon the work of the whole mind—of the entire life. It will allow of no other pursuit being carried on in connection with it, scarcely of any turning aside for necessary relaxation and repose.

There is another important preliminary to be disposed of by the female before it will be prudent for her to assume as the pursuit of her future life the arduous, never-ending task—the anxious, exacting duties of the medical practitioner; and that is, to determine whether her physical strength and the physiological peculiarities of her organization are such as will enable her to fulfil faithfully the duties of a medical practitioner without incurring the risk of an early loss of health, leading, it may be, to an early extinction of life.

In disposing of the question submitted to the consideration of your committee, the fact must be taken into consideration that female practitioners authorized by the authority of the State, already exist, with a clear prospect that their increase in the future will be far greater than it has been in the past. In view of this fact, your committee would respectfully suggest whether the wisest course for us to pursue would not be to offer every encouragement and facility to ensure to the female graduate such educational and professional acquisitions as will enable her to enter with safety and with credit upon the practice of medicine.

We confess that we are opposed to female medical colleges as now organized. If we are to have female physicians, let them emanate from the same schools at which our male physicians receive their professional education. Our leading medical colleges are constantly drawing into them the best talents of the country—enlarging their course of instruction and elevating their requisites for graduation. Let these advantages be extended freely to female students. If objection is made to females being taught in the same classes with the males, they may be formed into separate classes and receive instruction at hours appropriated especially to them.

Your committee trust that the medical profession will never approve of a recognition of every female graduate without discrimination as a legitimate member. The committee believe, nevertheless, that it would be a judicious measure—one, indeed, of policy and of justice, to draw a broad line of demarkation between the worthy and the unworthy, the competent and the incompetent of those females who come forward as practitioners of medicine, and while, without hesitation, the unworthy and incompetent are repudiated, the hand of fellowship be extended to the opposite class in all good faith, confirming them thus in an honorable career and, at the same time, granting to them the same rights and privileges that are secured by our Code of Ethics, to every member of the profession, and subjecting them to the same penalties for any infringement by them of the provisions of that Code. When we shall be prepared to draw such a line of demarkation, and by what authority it shall be established, are questions which cannot be definitely settled until all necessary regulations in respect to the education of female aspirants to the doctorate in medicine shall be established, and the nature of the security that shall be required of them for a strict compliance on their part with such regulations, shall be settled.

Having thus presented very candidly their opinion on the subject submitted for their consideration, your committee would present for your adoption the following resolution, viz:

Resolved, That the Philadelphia County Medical Society cannot consent to the repeal of the resolution passed by the Pennsylvania State Medical Society, at its session of 1860, in reference to the graduates of female medical colleges *as at present constituted;* and they hereby instruct the Delegates from the society, to the next session of the State society, to use all honorable means to prevent the repeal of the said resolution, which they believe to be as loudly called for now as at the period when it was passed.

Signed by a majority of the Committee.

Dr. Hartshorne asked for information as to the resolution of the State Medical Society, just referred to in the report of the committee.

In reply to which question the Secretary read from the minutes of the meeting of the State Medical Society, held at Wilkesbarre, June, 1866, as follows:

"Dr. H. Corson introduced the following preamble and resolutions:

"*Whereas*, At a meeting of this Society, held in Philadelphia, in June, 1860, the following resolution was passed, viz:

"'*Resolved*, That it is the sense of this Society that members of the medical profession cannot, consistently with sound medical ethics, consult or hold professional intercourse with the professors or graduates of female medical colleges as at present constituted, inasmuch as some of the professors are irregular practitioners, and all of their colleges ineligible to membership in the American Medical Association.'

"*Therefore*, *Resolved*, That the above resolution be and is hereby rescinded.

"Dr. Mayburry moved to lay the resolution on the table, which on a call of the yeas and nays, was decided in the negative.

"On motion the society adjourned until 8 o'clock P. M.

"8, P. M.—Dr. Mowry offered the following resolution which was seconded:

"*Resolved*, That the resolution of 1860 (previously discussed) is not intended to prevent the members of this Society from consulting with regularly educated female physicians who observe the Code of Ethics."

Owing to the lateness of the hour the question was not decided.

"The next day, the resolution offered by Dr. Mowry, and pending at the close of the evening session, was again called up, and Dr. Mayburry offered the following, which was seconded by Dr. Mowry:

"*Resolved*, That the resolution offered by Dr. Mowry be referred to the several County Medical Societies, with instructions to report thereon, at the next meeting of this Society.

"This resolution was unanimously adopted."

On motion the report of the committee was accepted.

It was moved and seconded that the resolution embodied in the report be adopted.

Dr. Hartshorne now moved that the resolution offered by Dr. Mowry, at the meeting of the State Medical Society, at Wilkesbarre (as quoted above), be added as an amendment to the resolution of the report.

Dr. Condie objected to the amendment toto cœlo. He would never allow any individual member of the profession to decide who shall be the persons consulted by him and who not, or who shall be regular members of the profession. Our medical societies—our National and State societies must settle that question. His own opinion was that the resolution attached to the report of the committee was one absolutely demanded. The present condition of the female colleges is rather worse than it was when the resolution with reference to them was passed by the State Medical Society, in 1860. The report in offering to receive, with wide extended arms, all regularly educated females, of proper mental qualifications and culture, prior to entering upon professional education, is liberal enough. Such females should also, in his opinion, be educated in colleges as pure at least as those which educate males. Then, should we raise up in our midst those as distinguished as Mesdames Boivin, or La Chapelle; he should be much pleased, whether they were females or males. The London *Medical Times* states that they have opened the schools in London to females; that three have passed the examination in regard to academic qualifications, received certificates and will take their places on the benches. He had no idea of being less liberal here than they are in England, provided the candidates will come in in the same manner, and not have schools of their own where any physician, of any kind of notoriety or any kind of talent, no matter what the moral or professional standing, is admitted to teach. No female, over whom he had any control, should ever enter these colleges or take a seat on their benches. As we will have female practitioners it only remains for us to determine whether they shall be properly and well educated, or, whether we shall allow a few individuals who examine this question to say, "Oh, I am the judge of this matter; I say if this woman obeys the Code of Ethics I will consult with her."

The language of the petition of the corporators and faculty of the Pennsylvania Female Medical College to the State Medical Society, "that they are sustained mainly by the best classes in the community," is precisely that of the homœopathists, who assert that the best people and the best ranks of society employ them. With a part of that petition he sympathized; that worthy female practitioners, well educated, may want a consultation to make use of the experience and greater skill of standing members of the profession. He would be willing, however, to exclude them from such aid until all females who desire to be practitioners of medicine come in regularly and are free from all stain from their alma mater and from some practices which prevail there. There are female graduates who are a disgrace to the medical profession, and who ought to be punished by law.

Dr. Robinett thought that the resolution of the committee and the amendment offered by Dr. Hartshorne, conflicted. In parliamentary usage the adoption of the amendment would ignore the report of the committee altogether. Some caution should be used in voting on the amendment.

Dr. Hartshorne explained that the old resolution of 1860, of the State Medical Society, declares that female medical practitioners are not recognisable by the profession because, *as it were*, of the status of the female medical colleges; that at Wilkesbarre a motion was made to repeal this, which was lost; that then Dr. Mowry made a motion not to repeal but to supplement it by putting the non-recognition on the ground *absolutely* of the status of the female colleges. The question has been compromised long enough, the profession feels the need of something more. There are two

points involved, one is whether in the abstract, female practice of medicine is unethical and inexpedient always, and the other is, whether at this or any other particular time, the regular preparation of females for the practice of medicine is proper. They ought not to be confounded; if one is asserted without the other, it commits the society to what it is not ready to be committed. He did not think the majority was ready to be committed on the abstract ground that no woman can be properly educated for the practice of medicine. Those who consider that our colleges ought to be open to female students cannot assume that no woman should be admitted to the profession. We should not, therefore, be doing our whole duty in passing the resolution of the committee, hence he had made the motion to amend the resolution of the committee by the addition of that of Dr. Mowry, not to conflict but to supplement, in order that while asserting we are not ready to acknowledge certain female medical colleges, also, to declare that when female medical practitioners are competent we will recognize them.

Dr. Condie suggested that provided said female practitioners shall become members of the County Society in which they reside.

Dr. Hartshorne was willing to accept the idea of that suggestion, but thought it objectionable practically.

Dr. Bell said that the practical question for us is whether female practitioners are properly educated, not whether they can be. He did not think any member of the profession could say that they were educated. Why resolve then on the supposition of their being educated such as this amendment does if we can affirm that there are no regularly educated female practitioners, no proper colleges to give them a degree? We say in the report that a female is fit to practice medicine under certain conditions of mind and body. But how is she to get the proper knowledge? Not by any means existing at the present time. Are women entitled to practice as they are at present situated in regard to medical education and demands? The majority will say no. How can they be when there is no one medical college in the country which has the proper authority or material in it to authorize them to practice?

The amendment then may be dismissed with the consideration that it is a supposition, we may meet to-morrow, or next week, or next month, but it is not now a reality. The female medical practitioner may be a woman of very large talents but she is not upon that footing which will entitle her to be met at the bedside of the sick, as a regular member of the profession.

The infirmities incident to the position of wife and mother, prevent a woman from attending to the duties of the profession during much of her time, and to that extent disqualify her. Man, himself, often distracted by family cares and necessities, feels in his business the obstruction to a considerable extent. To how much greater a degree then, will a woman, who has a whole circle of domestic cares, unless, indeed, she should make a vow, as so many do, from the perception of higher duties, to devote herself to the profession and forego matrimony, making such a sacrifice as we see in those who consecrate themselves for life, to toil in hospitals and nunneries.

Dr. Coates said he had no doubt but that women were perfectly competent, under favorable circumstances, to make good practitioners, but it seems to be very rarely the case that they do; therefore, the question is, how shall we decide whether they are properly qualified. He did not believe that the facility existed at this moment, for giving women a proper medical education. The tendency of female medical schools seems to be of a cheapening kind.

Dr. Condie remarked that the question is not with reference to what should constitute medical education, but it is, shall A B C say Mrs. Dr. Jenkins is a competent physician, and I will consult with her; or are general laws to govern female practitioners, the same as govern male. He thought with Dr. Bell that all the points at issue, were gone over in the report. It first states that females are competent, if properly educated, to practice medicine. History instructs us that the female mind is competent to anything the male mind has accomplished, whether in minute criticism in the fine arts, sculpture or painting, in the most elegant writing, ethical as well as imaginary; nay, whether in taking vessels to port under very disagreeable circumstances, taking command and even saving life by steering a life boat through a tempest-tossed sea—competent in short to do anything, if properly instructed. But the report goes on to say that females ought not to be encouraged to become physicians. God never intended them to be physicians. He intended them to be good nurses, to do what man is not competent to do, to bring up the rising generation, to be good citizens, good Christians and ornaments to society. While acknowledging their talents and saying that they are competent to acquire anything that any man is, the statement must be taken with some grains of allowance. Every man cannot become an orator or an original painter, sculptor or poet. Everything which is open to man is open to woman, if she is properly educated for the purpose. But, as Dr. Bell very properly said, that is not her sphere, she was organized to be a wife, a mother and the instructor of infancy. At the same time, if she will insist upon being a physician, and is properly educated, we will receive her and consult with her, but he would not make himself the judge as to whether he will consult with Mrs. A. or B., or will not with Mrs. C, neither would he allow any one else to constitute himself the judge in the matter. We must have a standard. He and his colleagues on the committee have pointed out that she should

have the same education as is recognized for the males, and attend the same schools. Male schools are hardly up to the mark, but there is great danger of female schools going below the mark; they are money-making concerns.

Dr. Robinett thought that as the amendment of Dr. Hartshorne is so antagonistic to the nature of the original resolution and as the discussion is taking so very wide a range, the proper way would be to withdraw the amendment and offer it as a substitute.

Dr. Hartshorne said that if the report which Dr. Condie had read could be made as public and binding as the resolution which ended the report, it would be very well, and he would then have nothing to say. The resolution will form the rule, the report will be read in the society and there will end. Something is wanted to convey the meaning of the report with the resolution.

Dr. Atlee remarked that the resolution of Dr. Mowry was more consistent with the spirit of the report than the resolution appended to the report. He was surprised to hear that resolution read after so generous and liberal a report, therefore he seconded the motion of Dr. Hartshorne that the resolution of Dr. Mowry should be added, because that is the only resolution which will consistently explain the spirit of the report. With regard to female education, he would ask any gentleman present, how are females to be educated in our male colleges? Have they not applied, year after year come to our doors and begged to be received and been rejected? In self defence they had to organize their own college, which has been in existence for the last sixteen or seventeen years. Look at their prospectus and see in what respect it differs from that of any college in the land. Gentlemen say it is cheapening education, he had not heard a single objection to the professional standing of any of the professors in the female college. At the time the resolution of 1860 was passed by the state medical Society, the professor of chemistry in the female medical college was the only irregular practitioner. He was called a homœopathic physician but he taught no practical branch, and in other colleges throughout the country the professor of chemistry is not expected to be even a medical man. He knew nothing about Dr. Kerr, but there were some statements made about him at the state medical society which he understood from competent authority were erroneous. He had met female physicians before the resolution of the state medical society was passed, as he had stated before that society, and was pleased with their intelligence and information on medical topics. Certainly one of these with whom he had consulted exibited more medical knowledge and skill and general information than perhaps one third of the male practitioners, whom he had met in consultation. Why should we be debarred from consulting with a lady of so much intelligence. It is said that these women are not graduates of a regular college and therefore not regular practitioners. All the branches are taught in their college which are taught in any others. If gentlemen will go behind the announcements of other colleges and criticise every professor who is teaching, they may find some greater heresies existing than can be found in the female medical college. The mere circumstance of the fees being lower is no objection. Females throughout all the world are paid less than males for their services, and therefore they are not able to pay so much for what they receive. The prices of most of the smaller colleges throughout the country do not come up to those of the colleges in this city, and do not go above those of the female college.

Dr. Robinett said that the amendment of Dr. Hartshorne is not offered to the report of the committee, which is not susceptible to amendment, but to the resolution of which it is entirely subversive. He therefore called upon the chair to decide whether it be proper as an amendment or a substitute.

The president stated that he had already entertained the motion as an amendment.

Dr. Robinett said that merely to facilitate business, he would appeal from the decision of the chair.

The appeal was not seconded.

Dr. Mayberry said that his mind was not made up at Wilkesbarre whether he was not in favor of the resolution of Dr. Mowry. On consultation, the latter accepted and seconded his (Dr. M.'s) resolution which was unanimously adopted, that the subject should go to the county societies and that they should have a whole year to report on it. For one, he would be willing to meet every evening from now until the commencing of the state medical society, if the matter could be settled. As he saw before him faces entirely different from those present when the first action was taken by this society, he would like to go into the history of the discussion. He was afraid that although the society numbered one hundred and fifty members, that it did not represent the same proportion of practitioners in Philadelphia, it did in 1859, yet he was very glad to see so large an attendance.

In 1859 a resolution was introduced in this society that any member who shall consult with or in any way recognize a female practitioner shall forfeit his membership. Upon which resolution the censors reported that they doubted the propriety of offering any opinion on the policy of the proposed legislation referred to them. The society was not satisfied. On the same evening, a resolution was offered that the board censors be requested to report what rank, if any, among the medical institutions of this state ought to be assigned to the female medical colleges and whether the members of this society shall be allowed to consult with professors and alumni of such colleges. The report of the censors in reply to this stated that they would recommend to members of the regular profession to withhold from professors

and graduates of female medical colleges all countenance and support, and that they could not consistent with sound medical ethics hold consultation with the professors or alumni of such colleges. This action was endorsed by a committee of the state medical society, which reported that the course pointed out is a correct one and demands the recognition of all the county societies throughout the state.

In 1860 the matter was again brought up in the State society by a resolution passed by the Montgomery county medical society, to the effect that females, if properly educated, should receive the same treatment as males, and that it was not just to deny women admission to male colleges, and then after they had with great perseverance established one for themselves to refuse them recognition.

The resolution of the Montgomery County Medical Society was, on motion, laid on the table. Whereupon a resolution was offered by Dr. Corson that the Society does not forbid its members from consulting with the professors and alumni of female medical colleges on account of their sex, but because the former are irregular practitioners, and the latter have not been educated in regular medical colleges. This gave rise to an animated discussion. The Society adjourned, and afterwards, on meeting again, the following resolution was offered by Dr. Nebinger, accepted by Dr. Corson, and unanimously adopted:

"Resolved, That it is the sense of this Societo that members of the Medical Profession cannot consistently with sound medical ethics consult or hold professional intercourse with professors or graduates of Female Medical Colleges as at present constituted, inasmuch as some of the professors are irregular practitioners, and all of their colleges ineligible to membership with the American Medical Association."

This is the point he wanted to get at. So soon as the female colleges and their graduates are recognized by the body to which we are subservient, the American Medical Association, he was ready to acknowledge them; but so long as they do not, in their course of instructions, conform to the constitution of that body and to their code of ethics, he could not give his vote to such recognition by this or the State Society, which organizations are only auxiliary to the greater body, the American Medical Association. He doubted whether the sense of the profession was so changed as to endorse the resolution of Dr. Hartshorne. If that be adopted it would oblige him to oppose the whole of the resolution connected with the report. He had been told that one of the professors of the Female Medical College had said that as a *physician* he did not deal in quackery but as an *apothecary* he put up what he chose, and what he thought would sell. He had been rather favorably impressed by the report of the committee and was going to move it should be extensively distributed, but he did not think we ought to move in the matter while there was so much doubt in regard to the persons who give instruction. They had not his confidence as teachers. If they were instructing males he should not recommend any of his friends to attend their lectures.

Dr. Coates inquired whether the resolution offered by Dr. Hartshorne gives to the individual the power of judging with whom he should consult.

Dr. Hartshorne said that his purpose was to avoid the seeming affirmation of a principle by the resolution of the report which committed the society, simply to a disapprobation of female medical practice. Whether to leave the question of deciding upon the merits of female practitioners to each member of the profession, or to wait until the state society shall examine every practitioner, or whether to refer to any other particular authority, he considered a different subject for consideration. He thought that the society ought not barely to say again, that no female medical practitioner shall be recognized.

Dr. Condie said that if Dr. Hartshorne designed his resolution to be in explanation of the views of the report, it should be in this form:

Nevertheless, nothing in the foregoing resolution shall be construed to forbid any member of this society from consulting with any female practitioner, who shall be declared by the State Medical Society as regularly educated, and who gives sufficient evidence of strict adherence on her part, to the code of medical ethics.

Dr. Hartshorne said that with the words "a competent medical authority" substituted for "the State Medical Society" he would very readily accept that resolution instead of his own.

Dr. Condie made the substitution desired and, Dr. Hartshorne then accepted the resolution instead of that of Dr. Mowrey.

Dr. Bell said that it was impossible to put a resolution on record more vague and misleading than this with the words 'medical authority.' What medical authority? Most excellent medical authority may be still incompetent to judge this question. He preferred the language of Dr. Condie, that some recognized medical body should be the exponent of the question, in whose opinions in regard to medical science we have confidence, and in whose dictum we acquiesce. He desired to substitute, the American Medical Association, instead of "a competent medical authority."

Dr. Atlee remarked that restrictions are placed upon females which are not imposed upon those of the other sex. What organized society selects its males whom we meet in consultation every day? Why then shall we point out females for such kind of indignity? Let us have equality of action.

Dr. Condie stated that the code of ethics of the American Medical Association points out with whom we shall consult. The amend-

ment applies the same rule to the female practitioner. The word graduate is not used in it. Whether she is a graduate or not, if she is properly educated it gives permission to consult.

Dr. Mayburry moved the amendment to substitute for the words "competent medical authority," the Americrn Medical Association. We are not competent here to decide this matter. So soon as the American Medical Association admits the professors of the female medical college to representation there, so soon we can admit them to a seat here, and he would be the first to offer an amendment to the constitution of the society to that effect. He had nothing against the sex, but thought that as they are at present educated they are not persons with whom to consult. We ask of them precisely what we require of male practitioners. Article fourth of the Code of Medical Ethics adopted by the American Medical Association expressly declares with whom consultation shall be had. He knew of some of his nurses who could hardly read the directions accompanying a prescription, who came out shortly after, with diplomas from the female medical college.

The amendment of Dr. Mayburry was seconded and carried in the affirmative. Dr. Condie's substitute as accepted by Dr. Hartshorne and amended by Dr. Mayburry then came before the society for consideration.

Dr. Coad said that this is a subject deserving of careful deliberation. He had understood that the legislature had recently passed a law relative to regular physicians in the state. In view of which fact he thought it inexpedient to start such an injurious innovation, and let it go forth as the action of this society. He hoped that the matter would be postponed until some future time, so that we shall be able to understand its bearing more fully, and secure a larger attendance before taking so important an action.

Dr. Lee remarked that he did not hope nor propose to add anything to the arguments advanced on either side of the question to night, but he wished to state the impression which had been made upon his own mind. He had come here biased against the admission of female practitioners to equal rights with ourselves, having recently read the very able letter of Dr. Storer upon the subject of the education of woman. He had twice been very much surprised this evening, first, by the report of the committee. Knowing the conservative source from which it came, and knowing the influence which the expression of Dr. Storer's opinion must have had upon other minds than his own, he had expected to hear a report condemnatory of the whole subject. He was delighted with the very liberal and elevated tone of that report, and more, he was convinced by it. But he was still more surprised by the resolution with which the report wound up. If the report and resolution could be put in the form of a resolution, the reading would be,

Whereas, in the oplnion of this society, the female mind is capable of reaching every stage of advancement and cultivation to which the male mind is competent.

Whereas, all history points out examples in which females have mastered every branch of science, art and literature,

Therefore, be it resolved that any member of this Society who shall consult with a female physician, shall forfeit his privelege as a member of this Society.

The resolution completely stultifies the report, he was therefore very much gratified by Dr. Hartshorne's motion to amend in such a way as to give somewhat more of the sense of the report to the resolution. It seemed to him, the society had no right to accept a report, the entire bias of which was in one direction and follow it by a resolution which is directly contradictory. It might be that the form which was originally adopted by Dr. Hartshorne was not the best, it might be that a better form has now been proposed, but it appeared to him that the resolution attached to the report of the committee, did not convey at all the sense of that report, nor did he think it would the sense of this society.

On motion of Dr. Coad the further consideration of the subject was postponed until this night week.

Adjo urned.

CLARK COUNTY ILLINOIS MEDICAL SOCIETY.

According to previous announcement a number of the Physicians of Clark county, Illinois, met at the Court House, January 26, 1867, at 9 o'clock, A. M., for the purpose of organizing a Medical Society.

The meeting being called to order, on motion, Dr. W. T. Briscoe was called to the chair, and Dr. J. C. Price appointed secretary. Drs. F. R. Payne, F. H. Jennings, Sr., and J. D. Mitchell were appointed a committee to draft a constitution and by-laws, to submit to the Society for approval.

Drs. R. F. Williams, N. S. Holmes, and D. Gard were appointed a committee to establish a uniformity of medical fees for the county, and submit the same to the Society.

Drs. W. S. McNary, R. C. Prewett, and D. Gard were appointed a committee on permanent organization.

Adjourned until 1 o'clock, P. M., at which time the committees were to report.

One o'clock, P. M.

Meeting called to order; Dr. W. T. Briscoe in the chair; minutes of preceding meeting read and approved. Reports of committees being in order, Dr. F. R. Payne, Chairman of the committee for that purpose reported in full a Constitution and by-laws, together with the medical ethics of the "American Medical Association;" all of which, after some deliberation and amendments were adopted.

Dr. W. H. McNary, committee on permanent organization, made the following report, which was adopted:

President, F. R. Payne; Vice President, F. H. Jennings, Sr; Secretary, J. D. Mitchell; Treasurer, W. T. Briscoe; Censors;—F. H. Jennings, Sr., D. Gard, R. F. Williams, J. C. Price and R. C. Prewett.

The meeting being permanently organized, Dr. F. R. Payne in the chair, proceeded to business.

On motion, *Resolved*, That medical students, in good standing, may become members of this Society.

The following Physicians and Medical Students came forward and signed the Constitution and by-laws, and code of medical ethics of the Society.

Physicians:—F. R. Payne; R. F. Williams; R. C. Prewett; W. H. McNary; Daniel Gard; James C. Price; J. D. Mitchell; N. S. Holmes; Martin Flenner; W. T. Briscoe; F. H. Jennings, Sr.; Nathan Spencer; Wm. McCloud.

Students:—John W. Briscoe; Robert Bradley; W. L. Martin; Ayron Dolson; J. L. Spencer; James Blackburn.

The committee on Medical Fees reported a Fee Bill, which was adopted, from which the following is a short extract:

"Medical fees are due as soon as made.

On the first of January and July, of each year, medical bills shall be presented and settled by cash or note; and no deduction of charges shall be made, unless the poverty of the patient demands it. We agree to report to each other, a certain class, who are able to pay, and refuse to do so, and obligate ourselves not to attend such persons, until they settle up their bill. We attend charity patients,—knowing we will receive no pay—freely."

Drs. F. R. Payne, F. H. Jennings, Sr., and J. D. Mitchell were appointed a committee on publication, to report at next regular meeting of the Society, April 10, 1867.

Cerebro-Spinal Mennigitis, or Spotted Fever, was selected for discussion at the next meeting.

The Constitution provides for four regular meetings in each year. The annual meeting —the first Wednesday in January. The quarterly meetings—the first Wednesday in April July and October.

F. R. PAYNE, Pres.

J. D. Mitchell, Sec.

—A drinking fountain, the gift of the late Tyler Davidson, is to be erected in Cincinnati. The shaft will be thirty-two feet high, with several bronze figures, to be cast in Munich, which will cost $50,000 in gold.

Such a monument as that, is worth more than a whole cemetery full of mausoleums, marble shafts, vaults and laudatory inscriptions.

Editorial Department.

REVIEWS AND BOOK NOTICES.

Watson Abridged: A Synopsis of The Lectures on the Principles and Practice of Physic, delivered at Kings College, London. By Thomas Watson, D. D., Fellow of the Royal College of Physicians, &c., &c. Abridged from the Last English Edition. With a Consice but Complete Account of the Properties, Uses, Preparations, Doses &c. (Taken from the U. S. Dispensatory) of all the Medicines mentioned in these Lectures, and with other Valuable Additions. By J. J. Meylor, A. M., M. D., Philadelphia: Published by the Author. 1867. 12mo., pp. 277.

A difficult task has here been quite well performed. That it was worth while to do it may be a question. Encouragement is given to it by a very kind letter from Sir Thomas Watson to the author of the abridgement. But the style of this eminent teacher adds so great a charm to his matter, that, less than many others, does his work bear to be abridged. We have said however, candidly, that Dr. Meylor has done it well and carefully; and he has thus made a useful and convenient book. The type is rather too small and hard to read; and, besides this qualification of our praise, we must express surprise that, the author publishing it himself, nevertheless did not correct his own proofs. A list of twenty-eight "errata" has thus been made necessary; to which in our rapid reading we could add several others. (pp. 111, 113, 181). Some of these errors are also rather unusually absurd; as (p. 70) "rigidity, or *titanic* contractions;" (p. 74) the "opposite *valves* of the spinal cord;" and (p. 234) in erysipelas "liberal use of *urine* and bark." When an author becomes publisher also, he should endeavor to do credit to both vocations.

NEW MEDICAL BOOKS.

H. C. Lea announces, as preparing for early publication,

"Hartshorne's Essentials of the principles and practice of Medicine." Royal 12mo.

"Thomas on Females; A Complete Practical Treatise. By T. Gaillard Thomas, M. D., of New York." One large 8vo.

Medical and Surgical Reporter.

S. W. BUTLER, M. D., Editor and Proprietor.

PHILADELPHIA, MARCH 30, 1867.

NEW PRINTING ARRANGEMENTS.

This number of the Medical and Surgical Reporter is the first printed under entirely new arrangements, and such as we have for years been wishing to make. It is our expectation that by this arrangement our expenses will be materially reduced, which will be of evident advantage to our readers. Besides, we expect, when we get fully under way, to be able to issue the work with greater regularity than heretofore. Our readers will notice a general improvement in the typographical appearance of the work..

There are other and more important arrangements on foot, which we expect soon to announce, and which, we believe, will be of great advantage to American Medical Literature.

THE STATUS OF WOMEN AS MEDICAL PRACTITIONERS.

The very full report of the discussion on the status of women, as medical practitioners, before the Philadelphia County Medical Society, published herewith, and which will be continued next week, precludes the necessity of our saying much on the subject. It seems to us that there is an inconsistency between the Report of the Committee and the resolution attached, which is fully shown in the discussion.

We think there is greater sensitiveness in this city on the general subject of women practicing medicine than is becoming. Whatever may be our opinion of its propriety--and it seems so very plain as to need no demonstration, that woman was created for far more sacred uses than to mingle in the turmoil, anxieties, and strife of the busy out-door world—we have to deal with the fact that there are women who suppose that they are fulfilling their calling, and supplying a necessity by devoting themselves to the practice of some departments of medicine. If they are not prevented by the heads of the families to which they belong, we cannot prevent their doing so if they choose, and it only remains for us to "accept the situation," and use our influence in every way possible to make those that will enter the profession, capable practitioners, placing them on the same footing with men in that respect, and not throwing disabilities in their way that we do not place in the way of men.

The point on which the discussion turned, seemed to be the status of the professors in the Female Medical College in this city and the attainments of some of their graduates. Unfortunately for that college it has had to bear, and still bears, the odium of employing teachers who cannot be acknowleged by the profession. For this, though their course of instruction may be regular, they must suffer the consequences until they rid themselves of such objectionable professors. They cannot expect the medical profession to receive women, under circumstances that would preclude their receiving men practitioners.

There is one way by which this mattermight be settled, viz.. by the appointment of a Board of Censors, on whose report the status of practitioners, whether men or women shall be fixed by the society. We would like to see the American Medical Association adopt some such plan as that we had the honor of proposing some years since, viz: the appointment by that body of Boards of Examiners, say one for each judicial circuit of the United States Court, on whose report the Degree of "Member of the American Medical Association" shall be conferred on candidates by that body, and which degree instead of the "M. D.," should fix the status of *all* practitioners.

We trust that in this, or in some other way, the status of women practitioners of medicine will soon be fixed, and thus the vexed question settled. No one denies that we have women doctors in this city whose attainments and abilitties are of the highest order, the only objection to recognizing them being their equivocal associations. In New York city there are several women doctors recognized by the profession, the first name in the Medical Register of the regular practitioners of that city the last year being that of Lucy M. Abbot.

—A delicate surgical operation—the taking up of the external iliac artery and removal of a tumor from the thigh—was to have been performed on a man named Gould, at Toronto, recently, but the subject died from chloroform inhaled before the operation began.

Notes and Comments.

A GOOD TIME!

Medical men occasionally have a "good time" fall to their lot. Dr. FRANK K. PADDOCK, Professor in the Berkshire Medical College at Pittsfield, Mass., and Dean of the Faculty, is one of the fortunate ones. The occasion was his marriage, on the 11th inst. with Miss Ann D. TODD, youngest daughter of Rev. Dr. TODD, on the anniversary of the fortiethw edding day of himself and his excellent wife.

At the conclusion of the public wedding ceremonies at the crowded church, many of the spectators attended the reception given at Dr. Todd's residence, where an abundance of elegant and costly gifts were presented to both the young aed old couples, amounting in the aggregate to thousands of dollars in value. Says an account:

'Of silverware there were three full tea-sets, two of which were for the new bride and one for the parents. Other silver articles, combining service and elegance, were contribuied in great profusion, and space on the richly laden table could hardly be found for any addition to its glittering burden. Indeed, an enthusiastic guest informs us that there is hardly any article of silverware made that was not there represented. The Northampton friends were remembered by a Florence sewing machine, and 3 fifty dollar greenbacks, one each for Dr. and Mrs. Todd and Mrs. Paddock represented one of the generous parishioners. Rev. John Todd Nutting, a home missionary in Wisconsin, presented to the bride a beautiful carved jewel box, the work of his own hands.

FRATERNIZING WITH QUACKS.

We have, before us, a quack advertising sheet published in Cincinnati called "*The Doctor*" in which we are surprised and pained to see the names of prominent medical men of that city, associated with those of irregular practitioners. In a column headed "Professional Cards" we find the names of Prof. BLACKMAN of the Medical College of Ohio, and Prof. MUSSEY of the Miami Medical College, advertised with that of A. J. HOWE, an "Eclectic," under the head of "Surgery;" and that of Prof. J. F. WHITE in company with that of JOHN KING another "Eclectic," under the head of "Diseases of Women"—also the name of Prof. E. WILLIAMS of the Miami Medical College, under the head of "Diseases of the Eye;" and all of them in company with any number of letters to "my dear SILSBEE," giving accounts of numerous almost miraculous cures. We learn that the publisher, and managing editor of this sheet claims that these cards are put in "by authority," and paid for as advertisements.

Some explanation would seem to be needed here, and we hope it can be given.

Correspondence.

The Influence of the New Philosophy on the Practice of Medicine.

EDITOR MEDICAL AND SURGICAL REPORTER:

In the very kind and complimentary notice you were pleased to make, in regard to my essay on the new philosophy of force, in the REPORTER for 23d February last, a remark occurs, which induces me to offer the following thoughts, explanatory of its probable influence on the practice of the healing art. It seems a necessary consequence that it should be very greatly changed, if not wholly revolutionized. The new law of force is sound bottom, on which all natural science must rest, or, to use a significant expression, go by the board. The best way to comprehend complex phenomena, is to study their simpler component parts. As the human body and human life are but the results of the ordinary forces of nature, light, heat, electricity, chemical affinity, etc. etc., those will best understand them who study these modes of force most closely in their simpler combinations. The acquisition of available knowledge must be the same in the healing art, as in learning to read. The simple characters which compose a word must be learned first, rising gradually to their most complicated combinations in words and sentences.

Health, disease, and remedial agencies, are but different modes of the ordinary forces, or to speak more correctly, of one and the same force.

A knowledge of what is at present known in regard to the interaction of force, confers on its possessor the ability to determine the probable value of any new or existing remedy proposed for the cure of disease. As an illustration, let me remark, that the recent discovery of Dr. BROADBENT, of London, in the treatment of cancer, is based on correct philosophy, is in fact a legitimate philsophical deduction, and the prediction is confidently made, that the surgeon's knife, will, in a very brief period, cease to be employed for the removal of cancer, and with it probably, all morbid growths or tumors. This

may not be agreeable to gentlemen partial to this branch of surgery, but agreeable or otherwise, it is tolerably certain to come to pass, sooner or later. In brief, Dr. BROADBENT'S discovery materially lessens the domain of the surgeon.

Again, great complexity in any remedial measure proposed, is in itself, strong probability of defective philosophy at the bottom, and failure in the end. Judged by this standard, Dr. BANNING'S ingenious, but complicated mechanical contrivances, described and describing in the past and current year of your REPORTER, are as certainly fallacious as Dr. BROADBENT'S is philosophical. The disappearance of Dr. BANNING from the stage, will be the signal for his braces to betake themselves speedily to their proper place—oblivion.

A professional friend in this state, will, probably, publish a paper on the causes of periodical fevers, during the present year, of a most important character, substituting oscillations of temperature for marsh miasmata; substituting the known action of a known force, for the unknown action of a hypothetical force. As it is in accordance with the new philosophy, it must take its place among the recognized facts of science.

It would be wrong for me to anticipate the author further. It will serve to confirm simplicity as an indispensable condition of philosophic truth.

Z. C. McELROY, M.D.

Zanesville, Ohio, March 4th, 1867.

GELSEMINUM SEMPERVIRENS.

EDITOR MEDICAL AND SURGICAL REPORTER:—

In the last number of the REPORTER, I notice a request for a report of experience in the use of the remedy above mentioned.

I have used it for the past seven years with the best of results, so much so, that I prefer it to all other anodyne remedies, save, perhaps, Morphia, and in the majority of cases, even to that.

It is especially useful in the irritative fevers of childhood, producing all the good effects of opiates, without *any* of the unpleasant results. In these cases, I am in the habit of adding to one ounce of water, five drops of the concentrated tincture, and sometimes four or five drops of tinct. verat. viride. Of this, I give a teaspoonful every half hour, until the symptoms are relieved. After the third dose, in a majority of cases, the child will fall into a gentle slumber, from which it will awake with a brightness and cheerfulness that does not usually follow the use of any other anodyne.

It is equally useful with the adult, and especially in those patients, who, from some idiosyncracy, cannot bear the use of opiates. Ten drops of the concentrated tincture in an ounce of water, of which one teaspoonful should be given every fifteen to thirty minutes, will readily relieve nervous headache, neuralgic pains, the general nervous irritation during the exacerbations of fevers, etc. From one fourth to one half grain of morphia may sometimes be added with advantage, and particularly so, in cases of sudden attacks of catarrhal fevers.

Given as above, it is an anodyne, febrifuge, and diaphoretic, without any unpleasant consequences, such as nausea, costiveness, deficient excretion, etc.

This is my experience stated in general terms. Without giving the history, properties, therapeutics, or citing special cases to prove my statements, I simply suggest its use to those who have not tried it.

H. WARDNER, M. D.

CAIRO, Ill., March 16th, 1867.

TYPOGRAPHICAL ERRORS IN CHAMBERS' LECTURES.

EDITOR MEDICAL AND SURGICAL REPORTER:—

I notice in the number of your interesting and valuable Journal of the 9th of March, that "LINDSAY & BLAKISTON have, as usual with them, made a handsome volume of Dr. CHAMBERS' Lectures."

Permit me to ask if a book that contains errors, of which the annexed are specimens, can be called a handsome book:—"doctering," "secundem artem," "weldom" for seldom, "lions" for loins, "grion" for groin, "naval" for navel, &c. In Dr. Aitken's Practice, two handsome volumes which the same firm has published, I do not note in reading, such mistakes as these, though the book is more than three times as large. It cannot be therefore that the publishers are unable to place a correct reprint before the profession. If we are obliged to put up with such spelling as "luster" and "fiber" we must be allowed to protest against such blemishes as the above, particularly when reviewers compliment the publishers.

I had a chance when I bought my copy of Chambers, to purchase the English edition, but to save a dollar or two, I made choice of the Philadelphia reprint. Experience has cured me of such misplaced economy.

Believing, sir, that you like a handsome

book as well as I, and most of your many readers do; and that therefore you will not consider me hypercritical in the above protest. I am, &c.

"Constant Reader."

Dorchester, Mass., March 16, 1867.

News and Miscellany.

COMMENCEMENTS.

MEDICAL DEPARTMENT OF THE UNIVERSITY OF PENNSYLVANIA.

The one hundred and first commencement of the Medical Department of the University of Pennsylvania was held on Thursday the 14th. inst., at the American Academy of Music, in presence of a very large audience.

The Medical class for the past session numbered 464, representing 25 states, besides Brazil, New Brunswick, Nova Scotia, and the West Indies.

The procession entered the Academy at noon. It consisted of the Faculty, Trustees, Professors, and Officers of the University, and a number of invited guests. The commencement exercises were opened at noon, by Rev. Dr. Goodwin, Provost of the University, who offered an appropriate prayer. After the performance of an overture from *Stradella* by the Germania Orchestra, under Mr. Charles Schmitz, the degrees were conferred by the Provost on the following graduates:

Maine:—J. R. Hussey.

Connecticut:—DeForest Willard, James Wylie.

New York:—John Liddel Seward.

New Jersey:—L. A. D. Allen, John E. Combs, William Hackett, E. Hollingshead, L. S. Hunt, Wm. H. Ireland, Erasmus V. Swing, Wm. H. Turner, Willard Wright, George B. Young.—10.

Pennsylvania:—L. W. Abrams, A. W. Acheson Jr., V. H. Allwein, Wm. Ashbridge, F. Ashhurst, L. Banks, L. D. Bleber, M. Bonebrake, A. Browne, Orlando W. Brownback, Charles H. Burnett, Joseph R. Caldwell, H. S. Campbell, John C. Campbell, Henry C. Chapman, Robert S. Chrisman, Peter McCauley Cook, Jonas Deisinger, Abram C. Dingman, Benjamin F. Dismant, Louis A. Duhring, Henry E. Dwight, David N. Egbert Jr., Jacob K. Etter, Orlando Fegley, Joseph Ferguson, William M. Findley, Linnæus Fussell, Eugene A. Gaston, Erasmus Gerhart, C. W. Gissler, D. R. Grunlee, M. M. Griffiths, R. G. Guthrie, M. P. Harley, A. Hazzard, J. M. Hazel, S. P. Heilman, C. L. Heizman, J. H. Hill, J. F. Holahan, John C. Hutton, Charles A. Kennedy, Wm. H. Kerr, Egan A. Kœrper, Jacob A. Krumrine, Charles C. Lange, Frederic W. Lewis, Edward Lyon, Alex. Sweeney McElwee, John Andrew Maclay, Amandas J. Laubach, (M. D.), Thomas Maguire, John M. Mangan, Edw. J. Marshall, John K. Maxwell, Geo. K. Meschter, James Miller, (M. D.), James P. Milner, Frank Muhlenberg, Isaac W. Newcomet, Edward J. Nolan, Henry B. Nunemacher, Henry Oranide Orris, Geo R. Parry, Harry Pawling, Benjamin R. Peltz, Josiah Peltz, David Huber Plank, David E. Raybuck, Michael F. Raysor, Elam Rhoads, Elliott Richardson, Chas M Pitz, Isaac E. Roberts, W. H. Romig, Herman Row, Benj. F. Saurman, Edward Lane Schofield, Addison Schultz, Samuel C. Seiple, W. G. M. Seiple, Theo. H. Seyfert, J. R. Shallenberger, Abraham Shank, Alex. H. Sheafer, William Shuler, W. Buffington Smith, Wm. O. Stephens, John W. Stewart, Thomas A. Strasser, William A. Supplee, Edward C. Taylor, Samuel Trimble, Stephen Vlock. Geo. R. Welchans, William Weightman, Albert M. Williams, Jonathan P. Worrell.—100.

Delaware:—Enoch G. Clark, Dennis N. Connor, Samuel Creadick, R. W. Hargadine. Wm. M. Dickerson, David D. Palmer, James T. Thompson, Robert S. Watson, James H. Wilson.—9.

Maryland:—Charles B Byrne, H. L. Byrd, (M. D.), Caldwell Ireland, John W. Pitts, Geo. W. Schlasser, J. Oscar Skinner (M. D.).—6.

District Columbia:—R. V. Aulick, J. D. Barnes, Robert Farnham.

Virginia:—W. H. Bolling, Thomas Pretlow Jr.

North Carolina:—H. T. Banson, W. B. Bray, Cornelius F. Dowd, R. J. Gill, John S. McClennan, Thomas C Powell, Nathaniel S. Siewers.—7.

Georgia:—Charles Coleman, Edward J. Johnson.

Alabama:—James B. Whitfield.

Tennessee:—M. M. Alexander, James S. Rawlins.

Ohio:—Horace P. Kay, (M. D.), William H. Manning.

Illinois:—Samuel A. Dow.

Michigan:—Charles F. McElrath.

Nova Scotia:—C. A. Black, John W. Cove.

New Brunswick:—H. Broadshaw.

Cuba:—Pablo Cautera.

West Indies:—P. T. Huggins.

Chile:—Olot Page.

At a public commencement, held in July, 1866, the Degree of Doctor of Medicine was conferred on Charles Winslow, New York. Total, 156.

The Honorary Degree of Doctor of Laws was conferred upon Major-Gen. S. Wylie Crawford.

The Valedictory was delivered by Dr. Jo-

SEPH CARSON, Professor of Materia Medica and Therapeutics.

In this he dwelt upon the importance of a right comprehension of the objects to be aimed at in connection with Professional Science. Wisdom would dictate deliberate consideration of all the circumstances which may control or influence the result when entering upon any enterprise involving much responsibility, and curtailing with success or failure, either prosperity and happiness, or difficulty and distress. In aiming at success, however, correct and definite ideas should be entertained of its nature and the means of its accomplishment; for, to enter upon the voyage of life without them would be as senseless as the expedition of the mariner to distant lands without a thought of where they lie, and destitute of the ordinary helps of navigation. The rocks and whirlpools that are placed in the track of every man's existence are numerous and deceptive, and ere he may be aware of their proximity, the bark so richly freighted with his resources may come upon them, the victim of his heedlessness or folly. To the honorable and exhalted spirit all success is not desirable. That which is the offspring of unsettled principles, unsteady purpose and springs of action must necessarily only be ephemeral and evanescent; while that alone which originates from a determinate plan of operation, in which the objects of attainment have been properly appreciated, where motives both laudable and substantial constitute the ground-work, can prove durable and satisfactory. By the course which you have pursued, it is clear that you have fully appreciated the first and most important element of success—adequate preparation to perform the duties appertaining to the vocation you have selected. The necessity of the obligation to acquire the requisite knowledge to become safe and efficient practitioners of the healing art, would appear to be undeniable—a self-apparent truth—but its full force and cogency are frequently overlooked or ignored by the public. Indeed, if there be an evil prevalent in our day and generation, it is the assumption of duties and responsibilities, for which there is no fitness from previous training, physical, moral, or intellectual. The presumptuous mind of man is undismayed by ignorance and incapacity, and urges to the arrogation of trust and confidence to which there can be given not even the shadow of a title. In the mechanical arts and those that can be comprehended by the majority af mankind, such arrogance can be detected, and contempt and ridicule are brought upon the individual who renders himself amenable to them. But beyond the pale of the class alluded to, there exist numer ous occupations of which no correct or adequate opinion can be formed, and in which, for a time at least, faith is accorded to bold pretention and unhesitating promises.

He insisted upon the necessity of sedulous, enthusiastic devotion to the study of discoveries and improvements in the science of medicine, and illustrated the effects of enthusiasm by reference to the labors of prominent benefactors in the profession. In connection with co-operative effort, the following remarks were made: "No one who enters the profession of medicine can regard himself as isolated from his fellow practitioners. Each of us, when he enrolls himself among the number of those who pursue and cultivate it, is bound by every high and honorable sentiment to act in concert with them for its dignity and advancement. As the charge which is committed to us involves the welfare of mankind, we are bound to recognize and to submit to the compact which unites all in a common brotherhood to uphold it successfully. Separation from sympathy or effort with co-laborers is incompatible, not only with progress, but with respectability, and he who for selfish purposes pursues this course, may justly be suspected of pretention or charlatanry.

The Profession of Medicine, originating in the necessities of the human race, has, in the course of centuries been organized and made amenable to regulations which have been instrumental in carrying out its benevolent intentions, and in facilitating the attainment of objects that are desirable, viz: the harmonious co-operation of those who are engaged in its practice, and the increase of that knowledge which is essential to its utility.

A necessity of cherishing amiable relations with compeers is obvious from the comfort and satisfaction which are afforded in the performance of our duties. We are prompted to it by generous and noble impulses, as well as by a deep perception of wants and frailties which are common to humanity. Difficulties and trials, doubts and uncertainties must, at one period or another, attend the course of every one, and friendly council and assistance are requisite to remove or to dispel them. But in proportion to the cultivation of such relations, and the frank reliance upon each other which is exhibited, does our profession derive positive advantages, for, if practised in the spirit of reciprocity, and not of jealousy and rivalry, it must be esteemed and prosperous.

In this connection may be urged the importance of studying closely and adhering rigidly to the Code of Ethics which is now authoritative in our country; and furthermore, I would enjoin upon you the propriety of the closest union with a Medical Society.

I wish next to insist upon a quality which is a moral one, and this is candor. In its influence upon society there is, perhaps, nothing so impressive or so fruitful of good as the correct and faithful representation of things as they actually exist. The necessity of it is more conspicuous from the gloss and the fictitious covering ordinarily investing the affairs of life; for specious misrepresentation is so prevalent that the attainment of declarative truths is frequently difficult, it perverts the atmosphere around us, and leads into mistake and error.

Under all circumstances the medical profession should be represented in its true light without assumption or pretention. The science upon which its claims are based, is, like other sciences, pursued and comprehended through the avenues of the senses and intelligence. The physician is no prophet—no miracle worker. He does not, moreover deal in specifics. He never has possessed infallible remedies, and never

will possess them. The whole art of medicine consists in studying nature, and in applying such resources as will aid and sustain her in spontaneous efforts.

The expectation has been entertained, and in some quarters still ignorantly prevails, that certainty in the treatment of disease can be attained, that morbid alterations of the human body may be ultimately deprived of apprehension, and death postponed until life has run off its thread entire. Has any knowledge that depends upon the mere exercise of reason ever attained certainty in its application? Has the dispensation of the laws by the ablest intellects, or the eloquence and unction of the holiest of men, even when proclaiming revelation, been able to eradicate moral degridation or the heinous distempers of the soul? All things are possible with God, but the power of man, directed by the most enlightened, by tact and knowledge, is limited. Inability to arrest decay of elements and preserve vitality, when an inveterate malady, or long and vicious indulgence has conspired against it, implies no lack of skill or information. It is assumption then to approach the sick in any other character than that of the one who can only bring to his aid the patient attention of an experienced and carefully educated man. This candor demands, and to presume to more betokens the impostor.

The distribution of boquets and baskets of flowers was quite a feature of this gala occasion. The stage was literally piled with these superb testimonials of the interest of the fair friends of the young gentlemen, and they were now distributed to them by the Dean, Professor R. E. ROGERS. M. D. The benediction was then pronounced by the provost, and the exercises were concluded with "Home, Sweet Home," and the "Schuetzen March," by the Germania. The whole affair was admirably managed and spoke volumes for the high character and the enduring vitality of the venerable University of Pennsylvania.

HARVARD MEDICAL SCHOOL, BOSTON, MASS.

The following account of the commencement of the Harvard Medical School we copy from the *Boston Medical and Surgical Journal:*

The usual exercises of the graduating class of the Medical School of Harvard University and the conferring of degrees, took place at the Medical College on Wednesday, the 13th inst. The anticipated address from Prof. AGASSIZ added a special attraction to the occasion, so that the largest lecture-room of the college was crowded to its utmost capacity. After the usual introductory exercises, six of the theses selected from those of the graduating class were read by their respective authors, all of them giving evidence of creditable devotion to their studies, and some of them of decided originality of thought. Medical degrees were conferred upon eighty-two graduates.

Professor AGASSIZ commenced his address by an apology for presenting himself to his audience without any elaborate preparation.

Circumstances had prevented this, but he should do injustice, he said, to the feelings of sympathy toward the Medical School which were felt in the other departments of the University, if he had failed to appear before them. The subject which in such a connection naturally suggested itself to his mind was the application of experimental physiology to medical science. Granting the immense importance of such investigations, he held that they were only justifiable when based on a full appreciation of the identity of plan in the structure of man and the lower animals. He did not dwell on the importance of these investigations, but used them as arguments for a full and thorough study of Comparative Anatomy. Only such a knowledge of this subject as made it evident that there was a similarity in the plan of structure between the lower animals and man could justify such researches. He illustrated his point by reference to the various orders of the animal kingdom, directing attention to those which by their organization made them the most proper objects for experiment, and indicating others, which form the very nature of their vital phenomena could not justify any deductions to phenomena in man. He urged the great importance of studying these peculiarities in animals themselves, not in books; and incidentally referred to the great advantage to be thus gained in skill in minute dissection and the use of the scalpel.

Professor AGASSIZ paid a just tribute to the general scientific attainments of the medical profession, and alluded to the great confidence which as a class they almost universally command; urging it as a motive for the continued pursuit of scientific studies through life, and incidentally paying a tribute to the acknowledged head of the medical profession in Boston at the present time, as showing in his advanced years more intellectual activity than most younger men.

Prof. AGASSIZ next spoke of the theories of transmutation of species, so popular just now, as a subject naturally associated with the topics he had been discussing. He impressed upon his hearers the importance of considering such questions for themselves, and of not being led away by any doctrines merely because they were popular. In connection with this topic he took occasion to enforce the value and importance of original observations with the microscope. He described in a cursory manner the development of all animal life from the egg, giving an outline of cell-development and transformation, and indicating the classes of animals whose development could thus be studied, either on the sea-coast or in the interior. He remarked upon the difference which exists among allied animals of the present day; which, however closely they may approach each other, still retain their type and never merge into each other, still presenting the same characters as their mummified representatives found in Egypt. He referred, as

an interesting fact in this connection, to the much greater changes than the theory of transformation supposes which take place in the different stages of development of animals, but which never lead to a change of type, the same species ultimately always resulting from the same egg; or, if a departure from the type occurs, constituting a monstrosity, which, as all medical men know, is not perpetuated. Prof. Agassiz ascribed the readiness with which the theory which he had been discussing found acceptance at the present day, to the popular ideas about improvement and progress. His discourse was listened to with much interest by the large audience assembled, and was calculated to produce an excellent effect upon those for whose benefit it was specially designed.

The fifteenth Annual Commencement of the *Female Medical College of Pennsylvania* was held in the College Building, North College avenue and Twenty-second street, on Saturday, the 16th, at 12 o'clock M. The Valedictory Address, by Prof. Mary J. Scarlett, was a sensible and well-written production, and was listened to by an intelligent and appreciative audience. The degree of M. D. was conferred by T. Morris Perot Esq., President of the Board of Corporators, upon ten graduates.

The class, during the session which has just closed, numbers forty-four students, many of whom are ladies of superior culture. The Woman's Hospital of Philadelphia, which is connected with this College, treats between two and three thousand cases annually and has, besides its valuable property, fourteen thousand dollars secured towards an endowment fund.

The *Philadelphia College of Pharmacy* held its forty-sixth annual commencement on Friday evening, March 15, at the Academy of Music. The spacious building was crowded in all parts, and the majority of persons composing the audience were ladies. The degree of Graduate in Pharmacy was conferred on the graduating class by the Vice President of the College, Dillwyn Parrish, and the Valledictory address was delivered by Professor Robert Bridges. The presentation to the college on behalf of the class was made by Mr. B. S. Erwin.

There were 42 graduates.

The exercises of the Seventh Annual Commencement of the *Miami Medical College of Cincinnati* were held on Friday evening, March 1st.

The exercises were as follows:—Prayer by Rev. W. S. Studley, D. D., of Trinity Chapel; Address and Conferring Degrees by Right Rev. C. P. McIlvaine, President of Board; Valedictory Address on behalf of the Faculty, by Prof. W. H. Mussey, M. D.; Valedictory Address in behalf of the Class, by J. M. Curtis, M. D., West Liberty, West Virginia; Benediction by Rev. C. L. Thompson, of First Presbyterian Church.

The number of graduates was thirty-nine.

A supplementary course of instruction will be given at the College, commencing March 18th, and continue until the 1st of July.

The Maine Medical School:—The Brunswick *Telegraph* says that eighty students —more than were ever present before on a similar occasion—were in attendance at the opening lecture of the Maine Medical School last week.

THE PLANT THAT CAUSES MILK-SICKNESS.

The following article clipped from the *Missouri Republican*, is referred to in a communication on a preceding page.

Yesterday Mr. Wm. Jerry, of Madison county, Illinois, residing four miles from Edwardsville, called to say that he thought he had discovered the plant which occasions milk-sickness. He related the following facts: In June, 1860, he went out to gather wild greens, and plucked the common nettle, as he supposed, a plant that makes excellent greens. His wife cooked it. At dinner he was the first to partake of it. Noticing a peculiarity of taste and odor entirely unlike that of the nettle, he was doubtful as to the character of the plant. None of his family partook of it. On the next day, the 1st of July, while conversing with a neighbor, he was seized with violent trembling, weakness and faintness, symptoms familiar to those who have seen persons affected with milk-sickness. The next day vomiting set in with violent retching and a fevered state of the stomach. These attacks recurred often, with great prostration, great nervous derangement and trembling. He did not recover from the effects of eating that plant for five years. During that period he gave more or less attention to the plant, making himself familiar with its appearance at different stages of its growth. At one time he made a decoction of the root and gave to his dog, producing violent sickness in the animal. Last September, at the farm of Mr. Klein, one of his neighbors, he saw a horse affected with milk-sickness, exhibiting the well-known symptoms. The breath of the horse was strong with the odor of the plant Mr. Jerry had eaten in 1860, and he was satisfied the animal had partaken of the same, as the plant was common in the range about there.

Mr. J. describes the plant as being from two to four feet high when grown. When young, in May and June and a part of July, it resembles the nettle. It blooms early, and continues in bloom till frost. When in bloom animals eat it and like it. It is a branching plant with ovate leaves and thorns or teeth. Mr. J. represents that when the ground is stirred and ploughed where the plant grows it dies, and that it may be exterminated by cultivation.

Much interest has been taken in this matter by persons in Edwardsville, among them Judge Gillespie, at whose suggestion Mr. Jerry brought specimens of

the plant to Mr. ENNO SANDERS, the thoroughly accomplished chemist of this city, for examination. Mr. SANDERS examined it, and gave to Mr. JERRY the following report:

MARCH 1, 1867.

SIR—The botanical name of the plant you showed me this morning is Eupatorium Ageratoidis L. (white snake root), smooth, branching, 3 feet high, leaves broadly ovate, pointed, coarsely and sharply toothed, long petioled, thin (4 to 5 inches long), corymbs compound—(Asa Gray's Manual of Botany of the United States, page 188.) It belongs to the order Compositæ; Subordu Tubuli floræ; Tribe, Eupatoriaciæ.

Respectfully, ENNO SANDERS,
Manufacturing Chemist.

If the plant discovered and brought here by Mr. JERRY, and examined by Mr. SANDERS, is of the species Eupatorium, it can only be said that it is a well-known plant, and that it has not generally been supposed to possess noxious properties. The subject, however, is worthy of further examination and experiment. The Legislature of Illinois several years ago, we believe offered a handsome reward to any one who would discover the cause of milk sickness. If the plant gathered and eaten by Mr. JERRY, produced that disease in him, it is quite easy to determine whether it will cause the disease in animals, such as bullocks and cows. Mr. JERRY informs us that it is the intention when the plant starts this spring to feed it to cows to learn whether it is a plant of such properties as to produce milk sickness.

HOMŒOPATHY.

A correspondent of *L' Union Medicale* publishes the following inquiry:

"What has become of homœopathy in Paris? I am told that it is singularly on the decline. Is it true? Here (the writer is speaking of a large provincial town) its former renown has passed into a *souvenir*. Moreover, one of its most zealous partizans, whom I met accidentally the other day, assures me that a great schism has broken out in the homœopathic camp, of whose members a few remain faithful to the Hahnemannic ritual and infinitesimal doses, but the greater part have only retained the doctrine of *similia similibus*, and reject as foolery the system of the founders. My informant ranged himself openly upon this side and assured me that the heads of the sect at Paris were about to publish a formal repudiation of infinitesimal doses. What credit must one give to these assertions.

In reply, the editor of the *Union* publishes the report of a seance held by the Homœopathic Society of France on the 3d of last December, where the question of infinitesimal doses was warmly discussed, and their efficacy by several of the members boldly called in question. M. CURIE formally renounced his belief in dilutions. He said that he was far from considering the question ridiculous, or denying the abstract possibility of the efficacy of remedial agents taken in an imponderable quantity, since every one knew the positive effect of imponderable quantities of many toxic agents, as miasms for example. But, it was one thing to assert that an effect was possible, and quite another to prove that it actually took place. His own experience had led him to the conclusion that no effect was produced by highly diluted doses of medicine.—*N. Y. Evening Post.*

POPULATION OF NEW YORK CITY.

The following which we find in the Providence (R. I.) *Journal* we suppose to be from the pen of Dr. SNOW.

The Board of Health in New York City, reports that 4,299 persons were married in that city, during the quarter ending December 31, 1866; and from these returns, they undertake to prove that the population of New York at present exceeds 1,000,000.

The reasoning is this: The rate of marriage to population in Massachusetts and in London, is about 17 persons in each 1000, annually. Assuming that the number of marriages in the last quarter of the year 1866 was the same in all the quarters of the year, it would give a rate of 17 persons married during the year, in every 1000 of a million inhabitants;—therefore, New-York has a million inhabitants or more.

There are several serious objections to this reasoning, which greatly modify the result.

In the first place, it is a mistake to assume that the marriages in the last quarter of the year are the same as in the other quarters. There are uniformly, in this country, many more marriages in the last than in either of the other quarters of the year. In Providence, for a series of years, about 30 per cent, of all the marriages during each year, have been in the last three months.

2. It should be remembered that many persons from the country go to all our cities to get married, and thus the number of marriages in cities is greater than the true proportion to population, and therefore

3. The assumption that 17 in each thousand is a true rate of marriage, as a rule in this country, is entirely incorrect. The rate differs largely in different localities, and in different years, and there is always a great difference between the cities and the country, and between cities in this and other countries.

In Providence, for the whole year 1866, the rate was exactly 29 persons married in each 1000 of the population, and in Boston, in 1865, the rate was 28.3 in each 1000. If we assume, as they do in New York, that the true rate is 17 to each 1000, the same process by which it is shown that New York has a million inhabitants, will prove that Providence has more than 95,000 inhabtants, and Boston more than 320,000, whereas, in fact, Providence has about 56,000, and Boston about 200,000. If we take the last quarter of the year as a standard for the whole year as they do in New York, the same reasoning will prove that Providence has more than 114,000 inhabitants.

If our New York friends wish for a standard to estimate their population, there is certainly more reason for taking the rate of marriage which is known to be correct in Boston and Providence. Let us assume that the rate in New York is the same as in those cities, say 28.5 persons married to each 1000 of the population. This, according to their returns of marriages as re-

ported, would give to New York a population of exactly 603,368.

The truth is the number of marriages in 1866, was generally in this part of the country, larger than usual, and the number in that year, or in fact in any year, and especially in any quarter of the year, furnishes no correct standard for estimating population in this country.

Until New York can furnish more convincing proofs than this, we must be permitted to doubt very much that she has one million inhabitants, or any ways near it. *En passant*, we suppose the number of persons (4,299) married in New York, as reported, illustrates some peculiarity of the mode of marrying in the metropolis. In Providence and other provincial places, persons are generally married in couples, and the whole number of *persons* married, is usually an even number!

SOUTHERN RELIEF FUND.

Those of our readers who have the ability and disposition to contribute for the necessities of those who are suffering for food in some portions of the Southern States, will please send their contributions to Dr. LUDLOW, No. 10 North Merrick street, Committee of a meeting of citizens for the medical profession. We trust that the contributions from our profession will be liberal.

—SUPPRESSION OF QUACKS.—An English medical journal says that legal steps have been taken in England to arrest the practice of certain of those quacks who, having been struck off the rolls of the colleges, still add to their names the initials indicating the possession of their titles.

—THE following very popular "cure for the cholera" we recommend only when "advised by the attending physician:"

℞.— *Aqua pura*, 1 oz,; *spt. vini. gallici, ad lib.; saccharum, quantum. suff.; Misce. Ante vel post-prandium sumendus; omn. dimid. hora.*

DR. JOHN V. WYKOFF of Readville, Hunterdon county, died very suddenly of neuralgia of the heart, at the residence of DR. Henry H. Van Derveer, in Somerville, on the 13th inst. During the morning, he had complained of his breast, and when dinner was announced said he did not feel like eating, and did not partake. About a quarter of 2 o'clock he went to the office of DR. VAN DERVEER, and stated his case, took a seat, and by the time the Doctor had made an application to apply to his breast, he was observed to be dying, and in a few minutes was a corpse.

—— LIME-JUICE IN THE FRENCH NAVY. Lime-juice, says the *Journal de Médecine*, has been in common use in the British navy for a long series of years; but the Crimean war and Anglo-French expedition to the Baltic were necessary to make it known to our navy. The earliest results were conclusive as to its value. Now, remarks M. REY, not a single French vessel sets sail for a long voyage without its regulation provision of lime-juice.

Army and Navy News.

NAVY.

List of changes, &c., in the Medical Corps of the U. S. Navy, for the week ending March 14th 1867.

Passed Assistant Surgeon J. B. Ackley, ordered to the relief ship Constellation, Philadelphia.

Surgeon T. E. Potter, and Passed Assistant Surgeon Jno. D. Murphy, detached from the U. S. steamer Lancaster and placed on waiting orders.

Assistant Surgeon Aug. T. Pick, ordered to duty, at Naval Hospital, Pensacola.

Dr. Wm. N. Nickerson, appointed and commissioned an Assistant Surgeon, from March 2d, 1867.

DIED.

BIGALOW—At Worcester, N. Y., Feb. 8th, 1867, DR. A. T. BIGALOW, in the 65th year of his age, a man of high moral and Christian worth. As a Christion physician he carried with his healing art the support and consolation of religion to the bedside of his patients and the house of mourning, and exemplified the savor and power of it in a consistent life and walk before God and man.

COUPER.—At New Castle, Del., 22d inst., MRS. HANNAH COUPER, relict of the late DR. JAMES COUPER, SR., in the 89th year of her age.

CRAWFORD.—At Alandale, near Chambersburg, Pa., 13th inst., JANE, wife of DR. S. W. CRAWFORD, in the 70th year of her age.

HIBLER.—In Bellefonte, Pa., on the 10th inst., EDITH CLARISSA MORAN, wife of DR. WILLIAM A. HIBLER, in the thirty-second year of her age.

PRETLOW—In Covington, Ky., March 17th, of consumption, ELIZABETH ANN, beloved wife of DR. RICHARD PRETLOW, aged 53 years.

RODEFER.—In New Market, Tenn., March 12th, of Cerebral inflammation, ANNA OLIVIA, infant daughter of DR. WILLIAM P. and M. LINIE RODEFER.

WARD.—In this city, on the 22d inst., DR. D. O'C. WARD, in the 30th year of his age.

WASHINGTON.—On the 18th inst., in the 81st year of his age, at the residence of his son-in-law, DR. MACKENZIE, in Delhi, Ohio, MR. SAMUEL WASHINGTON, formerly of Culpepper county, Va., grandson of GENERAL WASHINGTON'S brother SAMUEL.

METEOROLOGY.

Day of Month.	Lowest Point.	Eight o'clock.	Twelve o'clock.	Barometer.	Three o'clock.	Depth of Rain.	Wind and Weather.
11	37	47	53	30.2	54		N. E. Cloudy. Rain.
12	35	40	42	29.9	44		N. E. Cloudy. Rain.
13	35	39	42	30	44	7-10	E. Cloudy. Rain.
14	25	28	29	30.2	29		N. W. Clear.
15	18	27	29	30.6	30		N. E. Cloudy.
16	17	26	30	30.2	31		N. E. Cloudy. Snow.
17	21	30	40	29.8	29		N. W. Cloudy. Snow 8 inches.

B. J. LEEDOM.

THE

MEDICAL AND SURGICAL REPORTER.

No. 527.] PHILADELPHIA, APRIL 6, 1867. [Vol. XVI.—No. 14

Original Department.

Communications.

A METHOD OF TREATING PHYMOSIS.

BY ELLIOT COUES, A. M., M. D.
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Independently of its occurrence as a congenital malformation, phymosis may always, and very often does supervene as a complication of venereal or other affections of the penis, in persons whose prepuce is so voluminous as to habitually cover the glans. The condition is of itself a trivial affair; but often becomes a matter of serious consequence, not only by its agency in predisposing to certain forms of disease, and promoting the morbid action when once established, but also, in a therapeutic point of view, by placing an annoying impediment in the way of the effective application of appropriate remedies.

When phymasis occurs as a concomitant or consequence of balanitis, etc., to a degree which renders exposure of the glans impossible, the cure is always difficult, usually tedious, and sometimes impracticable, unless we resort to the knife. With the utmost attention to cleanliness, and frequent injections of astringent or other remedies, it is difficult to overcome the morbid action, and check the purulent secretion, when these are kept up by the continual apposition of the inflamed surfaces of the glans and preputial mucous membrane. In these cases circumcision or slitting of the prepuce may be required.

These remarks are doubly applicable to another class of cases; those on which complete occlusion of the glans concurs with phagedænic, syphilitic, or other form of ulceration of the glans or preputial mucous membrane. Here it is indispensable that energetic remedies should be applied to the foci of disease, and act we cannot do so, for the sores are tightly tied up in a bag of which phymosis holds the strings. It were inadmissible to squirt into the whole bag the powerful caustics which should be applied to the ulcers alone; and to use an astringent injection—virtually a placebo,—is worse than useless; for while we are thus dallying with the disease, rapid disentegration of tissue may be going on within, hid from view by the provoking phymosis. Here is a dilemma, one horn of which is to let the disease go on unchecked; the other to loosen the strings of the bag. The preputial constriction must be summarily disposed of with the knife, if it cannot be made to yield by other means.

But it is precisely in these cases of concealed chancroids, phagedenic ulcers, etc., that the removal of the constriction is most imperatively demanded, and at the same time an operative procedure to be sedulously refrained from if possible; from the well known extreme liability that the cut edges of the prepuce will take on morbid action by inoculation. Who has not seen an enormous semilunar ulcer, two or three inches long, and half an inch wide, whose ragged edges may by rapidly sloughing, to follow the splitting up of a tumid and infiltrated phymosis? The possibility or rather the probability of such a consequence of an operation should be borne in mind, and diligent endeavor should be made to refrain from the use of the knife. Sometimes, where the constriction is slight or moderate in degree, warm fomentations or emollient applications may suffice; but ordinarily will prove inefficient.

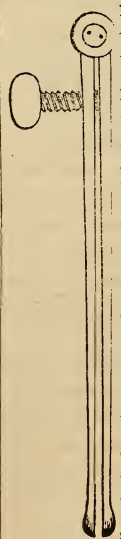
It has occurred to me that in such cases some mechanical means calculated to effect gradual dilatation might be successfuly employed. As is well known, almost any tissue of the body will yield to a moderate degree of force applied constantly and with a slight augmentation graduated according to circumstances. Familiar instances of this fact are seen in the dilatation of an urethral stricture by the successive introduction of bougies of increasing calibre; of a rigid os uteri by india rubber water-bags; of a vagina or rectum by sponges,

conical specula, etc. Why not regard a phymosis as a "stricture" and treat it upon the same plan?

A penis, except in a certain state, physiological and not pathological, is a very flaccid and mobile organ; and it is natural to infer, a priori, that the application of the principle of mechanical dilatation would be readily practicable. The entire feasibility of such a method of treating a phymosis is proven by the following case: which is also just one of those in which resort to the knife was to be avoided if possible, and yet would have been the only alternative had relief not been obtained by some other means.

A soldier who happened to have a remarkably long prepuce presented himself at my sick call with the "ladies disease" as he quaintly expressed it. A very small chancroid was just appearing on the dorsum of the glans; and an irregularly shaped very superficial abrasion was visible on the preputial membrane, just where the latter came in apposition with the sore on the glans in the ordinary state of the parts. I cauterized and made the usual application, directing that the prepuce should be kept retracted. Next morning paraphymosis had supervened, to a degree which rendered reduction difficult; the glans was red, swollen and painful, and the sores worse. Meanwhile the phymosis increased so that scarcely more than the meatus urinarius could be exposed; my endeavor to restrain the disease by injections was utterly futile; and while thus temporizing I felt assured, by several indications needless to detail, that extensive mischief was rapidly going on within; to effectually arrest which it would be necessary to *get at* the seres. Fully aware of the probable unpleasant consequences of cutting, and seeking some other modus operandi, the idea of overcoming the constriction by mechanical dilatation struck me as offering a reasonable hope of success. Acting upon the suggestion, I introduced within the constricting ring the closed points of an ordinary spring forceps. A few minutes manipulation produced a sensible enlargement of the stricture, encouraged by which I left the instrument in situ, where it was retained by the resiliency of the blades, which was also to be a continuous operative force. The patient was directed to occasionally employ a moderate degree of manual force, by pulling the blades apart, and to assiduously foment the parts with warm water. The procedure produced do pain nor other inconvenience. *In three hours* the glans could be half exposed; shortly afterward the whole glans popped out of its awkward hood, and the prepuce was fully retracted. The success of the experiment was as evident as the necessity for it. Two ulcers were disclosed: one on the dorsum of the glans as large as a dime piece, irregularly circular, excavated, covered with a tough gray slough, and rapidly extending, as the painful, deep livid, ragged edges testified; the other, on the prepuce just back of the corona, of the same general character as the first, but smaller, resembling a split pea in size and shape. These ulcers had been three days only in changing from the appearance they presented when first seen, as already detailed. A relapse of the phymosis was prevented by occasional recourse to the forceps; and the ulcers readily healed under appropriate treatment.

This case is interesting and instructive, since it proves that phymoses, like other strictures may be overcome by mechanical dilatation, and thus a resort to the knife—in many cases the only, though a most undesirable alternative—be rendered unnecessary. No doubt some cases, such as those arising from infiltration and induration of the prepuce, or perhaps where the fault lies with an inflamed and tumid glans, are not thus amenable; but perhaps the majority of ordinary phymoses, characterized essentially by the presence of a narrow constricting ring, may be successfully treated by this method. "There is nothing new under the sun" and I suppose the method has been often employed; but I do not now call to mind any record of such a plan of treatment, which may be as new to many of the profession as it is to myself. It certainly deserves a fair trial.



Taking a hint from the forceps, I have devised a simple little instrument by which any desired degree of dilating force may be employed, and graduated to a nicety. It is merely a pair of callipers, about three inches long, probe pointed, the two blades flat, bevelled on their outer edges, and divaricating from each other by means of a screw placed near their hinge, running through one blade and abutting against the other.

EPIDEMIC CEREBRO-SPINAL MENINGITIS COMPLICATED IN THE PUERPERAL FEMALE, BY PERITONITIS.

BY CHARLES W. MUNN, M. D.
Senior Resident Physician at Philadelphia Hospital.

There have been treated, during the past six months, in the Philadelphia Hospital, over one hundred cases of a disease, named by those who seek scientific accuracy, epidemic ceribro-spinal meningitis; or known popularly as "spotted fever."

Without doubt there has been an epidemic of some disease, which presents many characteristics not belonging to the phenomena of other diseases; and has been attended by great fatality.

To this time thirty-two deaths have occurred from it. We shall not enter into the intricate discussion which its existence has engendered. We would simply submit the record of three fatal cases of this disease, which occurred in the white obstetric wards of the Philadelphia Hospital, with the pathological appearances.

There have been treated in these wards six cases of this disease during the past three months, four of which died—in three of these, peritonitis was found. Of the two cases, which recovered, one undoubtedly had peritonitis.

We have endeavored to record these cases honestly, fully appreciating the error and confusion which might be occasioned and propagated by a careless or aim subserving account of the thing observed.

Case 1. A young woman—21; Ireland; temperate; admitted November 2, 1866; Delivered, January 25, 1867. The labor was an exhausting one. She had complained of nothing, as far as could be ascertained except a pain in the frontal region.

January 26. The pulse was accelerated—120—soft and compressible; tongue coated; vomiting a bitter yellowish, green fluid; probably a mixture of bile and mucous, which is so constant a symptom in this disease, and which we shall designate bilious—for brevity; did not complain of tenderness over abdominal region; would sustain deep pressure.

January 27. Same symptoms continue; pain in the head well marked; shrinks from touch when the hand is about to be applied over the abdomen, but will sustain, without complaint quite firm pressure; said she had no pain in abdomen.

January 28. All the symptoms continue, with the addition of greater sensibility over abdomen.

January 29. Very much prostrated; sensibility over abdomen very great; will admit no pressure; limbs drawn up; thin, sharp nose; pinched countenance.

January 30. Complaining of nausea, but no vomiting; pain in head is referred to temples; an erythematous blush on breast and abdomen. On the extremities, a fine, distinct, eruption, disappearing under pressure.

January 31. All the symptoms have continued; had a hemorrhage of 16 ounces from the uterus, which gave great relief to the pain; 10 P. M., delirium came on; excessive prostration; tympanitic abdomen; vomiting everything. Pulse 152.

February 1. Unconscious; countenance excessively pinched; respiration short and shallow. Died at 3 P. M.

Post mortem—18 hours after death.

Brain—large patches of lymph found along both sides of the superior longitudinal sinus and on superior surface of brain; no lymph at base of brain, or about spinal cord, could be detected.

Peritoneum contained 16 ounces of serum with lymph on intestines; lymph found on left ovary.

Uterus, 6 inches long; 3½ inches in width; 2¾ in thickness, and covered with patches of lymph.

Case 2. A woman 23 years of age, born in Ireland; temperate; admitted January 22, 1867; delivered, February 15, 1867. From date of admission to delivery was, as far as could be ascertained, in good health. The labor was of 28 hours duration and very easy. Perfectly normal in every respect.

February 16. Doing well.

February 17. Skin dry; pulse 120; complains of pain in head, frontal; vomitings of bilious matter; no stiffness of muscles of neck; tongue slightly furred; no tenderness over abdomen.

February 18. Symptoms continue much the same; slight tenderness over abdomen, but not well marked; has the legs drawn up part of the time; lays mostly on back; complains of soreness of the gums and lips, the pulse is not so strong as yesterday.

Evening. Eruption making its appearance; distinct and disappears under pressure.

February 19. Eruption well marked; at the flexures of the joints and on breast and

abdomen is an erythematous blush, very much resembling that of scarlatina; disappears by rubbing your hand over it, but makes its appearance as soon as the pressure is removed; no marked heat of skin; the tongue has partially cleaned at edges; the papilla are very prominent; great redness of tongue and inside of mouth; does not complain of soreness of the throat, nor will she admit, on repeated questioning, any soreness of this part; tenderness over the abdomen, much more marked, but not sufficiently to indicate any extended peritonitis; the nose is slightly pinched; lays with legs drawn up; pulse 140 gaseous and has but little force; had some delirium during the night; got out on floor before observed by nurse; had to be restrained a number of times from rising.

February 20. Delirium active and intermittent; will respond intelligibly to questions during lucid intervals; subsultus tendinum well marked; passed a sleepless night although two grains of morphia had been given in divided doses; pulse 140, and somewhat wiry; anxious countenance; features pinched; no injection of the conujnctiva; pupils normal, responding to light; decubitus dorsal; legs drawn up; great sensibility to pressure over abdomen, respiration short and jerking; no albumen present in urine, which is passed in small quantities and deep colored; passes it voluntarily.

Five P. M. Delirium present of a low muttering character; features very much pinched and bluish; hands and feet livid and cold; pulse cannot be counted; very faint and rapid; could not answer questions coherently; pain over abdomen very acute on pressure. Respiration; gasping and shallow, very rapid. Died at 12 P. M.

Autopsy 15 hours after death. Lymphous deposits found on meninges of brain, as is found in all cases of this disease. Most marked deposits on the superior surface—but little at the base; a small quantity of serum, some flaky lymph floating in it; a slight deposit of lymph on intestines, ovaries and uterus.

Case 3. A woman 19 years of age, born in Ireland; temperate; admitted February 20, '67 in labor; she was a small woman with a very anemic countenance. The teeth were covered with sordes. When questioned she denied having been sick;* said she had assisted the day before in washing. I could not obtain from her any connected statement of her whereabouts, or her friends, nor did she give any account of her relatives or friends; ner did any come in to see her before death. There appeared a marked deficiency in the intellect. The labor was a difficult one, from the atonic condition of the womb. Everything was perfectly normal except the slight amount of force with which the womb contracted. The head came down upon the perineum after her being in the second stage of labor, about 14 hours; she had not sufficient force to deliver it, although it would bulge from the vulva when she had a contraction of the uterus and would assist the pain by bearing down. Under these circumstances she was delivered without difficulty, by the forceps. After delivery she was excessively prostrated and the pulse beat with intense rapidity. She vomited while she was on the bed in labor several times, but little attention was paid to it.

February 21. Complains of pain in the head; conjunctivæ injected; has vomited during the night several times; rose from the bed and stood upon the floor in bare feet; was engaged in removing the bandage when discovered by nurse; pulse 120, and weak.

February 22. She annoyed the women in the wards during the night, by singing to her baby; when spoken to in the morning she denied having done so; has free lochial discharge.

February 28. Still complaining of pain in the head, and vomits almost continuously; has had no secretion of milk; has the same nocturnal delirium, which was noticed on the first two nights after delivery. The lochial discharge has been continually diminishing, and has ceased entirely; an eruption has made its appearance, which disappears under pressure. The nose is pinched; the limbs drawn up; pain on pressure. The vomiting has become obstinate; tongue dry and glazed; pulse 140; small and tense. This was the advent of the peritonitis. Before this day she had not complained of any pain, on pressure, over the abdomen; there had been no pinching of the features before. The right eye greatly injected and painful; these symptoms remained much the same until

March 10. The peritoneal tenderness has almost entirely disappeared. She can bear deep pressure without any apparent pain. Her chief complaints are about her right eye.

*From a friend of hers who came in after her death, I ascertained that she had been in labor two days before admission, and had denied the fact of her being pregnant until the day of her admission, to the lady with whom she lived, as a servant. My informant was a servant girl in the same family, so the date of the advent of the disease is doubtful.

The inflammation in this organ has progressed very rapidly, and has apparently produced disorganization. Two blisters formed spontaneously upon the upper lid of the left eye and broke, causing two ulcers each ⅓ of an inch in diameter; during the afternoon began to complain of pain in parotid region; both glands were much swollen; diarrhœa set in to-day.

March 11. The parotid glands have become exceedingly painful; she complains bitterly of them; she retains nourishment much better; the diarrhœa has been checked by the administration of opium; the frontal pain is very much diminished in intensity. She still vomits, but appears not to throw up nourishment; vomits most when the stomach is empty, and a bilious fluid; all traces of an eruption have disappeared.

March 14. She is concious when spoken to, but the hearing is not very acute; great difficulty is experienced in the administration of any nutriment or stimulant; bowels moved only once, during the past twenty-four hours; abdomen slightly tympanitic. Died at 11 P. M., quietly; conciousness remained almost to the last; was in a stupid condition most of the day; ceased to complain of pain in any part.

Post Mortem, 3 P. M., March 15, 1867, 16 hours after death. The posterior portion of the body very much congested; all traces of eruption had disappeared; the back of the neck, which had been blistered, beginning to sphacelate.

Parotid Glands; enlarged and broken down; the right had begun to undergo suppuration.

Brain—marked conjestion of all the cerebral vessels. The dura mater adherent to the superior convolutions; about half an ounce of serum in right middle fossa of skull; marked adhesions of the dura mater to the cerebral substance at the base of the brain. These adhesions were well organized, and had to be separated by the scalpel. The fissure of Sylvius was obliterated by adhesions; as was that portion of the longitudinal fissure, between the anterior lobes; but little lymph around the optic commissure; no pathological change noticed in lungs.

Abdomen—peritoneal cavity occupied by half gallon of yellowish serum, simulating a mixture of pus and serum, which was its true composition; not at all offensive. The coils of intestines were strongly glued together, by adhesions; intestines discolored; the liver was covered with adhesions.

Uterus—the posterior surface of this organ discolored; no lymph found upon it, or upon either ovary. This organ was three inches in length, and 2¼ in breadth, showing involution to have gone on properly. When the uterus was cut into, the dark livid color, which existed upon its posterior surface, was found to extend in depth only 1-16 of an inch. The walls were firm. The internal cavity rugous, pale colored, and occupied by a small blood clot. There was no appearance of any inflammatory process having existed in any of the sexual organs.

We would call attention to the similarity of case one and two, as regards eruption, the long continuance of the third case, notwithstanding such profound changes having taken place.

CHLOROFORM AND ERGOT IN TEDIOUS LABORS.

Reply to the Strictures of Dr. Chas. C. Hildreth, on part of an Obstetric Report made to the Ohio State Medical Society, June, 1866.

BY THAD A. REAMY, M. D.
of Zanesville, Ohio.

In this reply, I shall avoid so far as possible acrimony or personal allusion as being beneath the dignity of a professional discussion. I may however find it necessary to treat the alkali, which has found its way from Dr. H's pen into his paper with a sufficient amount of acid to render it a *neutral salt.*

I have no desire for controversy or dispute, for the mere sake of discussion, especially would I not desire such dispute with Dr. HILDRETH, a gentleman with whom I have the honor and pleasure to be on the most agreeable, social and professional terms. I cannot however refrain from an answer to his unmerciful attack, upon my brief Report.

In that Report, I candidly pointed out some of what I thought. and still think the fallacies of Dr. HILDRETH'S plan of practice. The Dr. accuses me with taking the unwarrantable liberty of changing the title of his paper, to "conform to the points of criticism." I did not claim to quote the title of the paper.

In my Report, my subjects were indicated as nearly as might be by *headings.* I clearly followed this rule, in saying that the Dr's. paper was on "rupture of the membranes, artificial dilatation of the os and the use of ergot and chloroform as a means of shortening tedious labor." I respectfully refer to the Dr's.

article, for proof that the above heading correctly represents it. To indicate the important points of the paper was my object. The influence of chloroform, relieving pain, and of ergot increasing uterine contractions have been so fully written about in books and journals all over the civilized world; and the views held as to the therapeutic action of these drugs, especially in this regard, not differing materially from those set forth by Dr. Hildreth, I could not regard these as important points. Early rupture of the membranes and mechanical dilatation, are the novel and important doctrines advocated; and the careful student cannot fail to see upon analysis, that chloroform and ergot, although named as the title of the Doctor's paper, are clearly secondary in importance, their aid really invoked to proect the patients against the evils of the *mechanic-*

practice.

My object was therefore to get "harmony with the points of the paper," not "with the points of the criticism."

I must be pardoned for quoting largely from the Doctor's strictures, as I cannot otherwise be understood.

Page 21, No. 2, Vol. XVI., Medical and Surgical Reporter, he says, "as to the early rupture of the membranes, Dr. Reamy admits it would be well to adopt the practice in certain cases where over distention really existed as in cases where the uterine walls were thin and weak from the presence of several children, &c.," "but," says Dr. R., "Doctor H. makes no such distinction; he advises rupture of the membranes simply because there is an undilatable os, accompanied by too feeble or painful contractions;" "now" says Dr. Hildreth, "to show the fairness of the criticism, and the anxiety of Dr. Reamy to exclude the influence of chloroform in the treatment proposed, I have only to state that up to the time the sentence was written, from which the Doctor quotes, I had not even mentioned the subject of rupturing membranes." Now I wish to answer once for all, the general charge of misquoting as it is gravely made and sought to be sustained by several specifications. Reference to my report will show that I quote Dr. Hildreth's exact words verbatim, not leaving out a letter much less a word or sentence, from the commencement to the end of the quotation, not even substituting "finger for fingers." Again, but one quotation after the first and principal one is made at all, and that is also verbatim as in the text. Again, what Dr. H. has to say about chloroform, is fully stated in the quotations.

The charge therefore that I keep "chloroform in the back ground," or that I attempt to conceal any of the doctrines of the paper, falls to the ground, as an attempt at special pleading. The Doctor must not confound my analysis of the doctrines of his paper, with my quotations from it; he must not object that in the analysis, I reverse the order of his sentences, define one of them by another, show that they contradict each other, &c. He says that chloroform acts like a charm; "under its influence labor progresses rapidly, &c," and yet he tell us, "it has been my practice in lingering labor to administer chloroform, rupture the membranes and discharge the waters freely."

Now instead of trying to conceal the fact that the Doctor gives chloroform in these cases; my objections are, that he ruptures the membranes and discharges the waters, to accomplish what could be accomplished by the chloroform alone. The Doctor thinks my "sarcastic allusion to the grand results," "wont convince intelligent practitioners that he has not correctly stated the effects of chloroform." Now it so happens that I have not denied the effects of chloroform when given to full anesthesia as being substantially what Dr. H. claims. My objections are to the mechanical means proposed for the accomplishment of what the chloroform could so nicely perform unaided.

Dr. Hildreth further says "the inefficient but excessively painful contractions which so annoy and exhaust women in a tedious labor, with rigid os uteri are more effectually controled by chloroform and early discharge of the water than by any other practice."

Now I can see the use of chloroform in such cases, but unless there be "over distention" can not see why the membranes are to be ruptured. If the pains are inefficient, ergot is the remedy which the Doctor has found so successful.

Again, Dr. Hildreth says "Dr. R." "quotes again as follows" "In lingering labor *from any cause*, I am well convinced the rate of mortality to mother and child will be much diminished by the use of chloroform; early rupture of the membranes, artificial dilatation of the os when requisite, and by the use of ergot or other uterine stimulants when the pains are inefficient," "no distinction says the Doctor, (that is Dr. R.) is made here between the lin-

gering in the first and second stage," "certainly not" says Dr. H. simply because no distinction is required. The practice is recommended for rigid os uteri in the first stage, or that of dilatation," "most medical men would think the practioner an ignoramus &c."

This shows that I did not misunderstand the Doctor that, although he had not made the distinction in so many words, he intended nevertheless to recommend the practice for the first stage of labor. I was "such an ignoramus" as to suppose that if the practice was to be employed in treating "lingering labor from any cause," it ought, possibly, be employed in some cases after the first stage had passed. And I have no doubt it would be far better for many patients were it so employed.

Next, Dr. Hildreth denies that but little danger attends a tedious first stage; and he grows eloquent in depicting the dreadful ravages of pain. He quotes from my report, "It is conceded by all good authors that but little danger to mother or child attends a tedious first stage." This opinion the Doctor denounces, and supposes a case where the woman has been in hard labor for a week and no progress made in dilatation, and seriously states that, according to Dr. R., "as no danger to mother or child is to be feared, it would be meddlesome to interfere, &c." Now the Doctor, perhaps, knows that in the remark, that but little danger attends a tedious first stage, I have no reference to such a case as he depicts. I have not had my fingers in "some thousands of os uteri" as has the Doctor; but, I have attended nearly thirteen hundred cases of labor, and have yet to witness the first case where a woman has been in hard labor even for two days without progress in dilatation; and, should I live to witness ten thousand cases, I do not expect to find such an one, unless there should be a diseased condition of the os, demanding surgical relief, in which case I would afford that relief at once. In a case of obstinately rigid os, I would most certainly, both for the relief of the mother as well as my own release from watching, use the appropriate remedies, very prominent among which I regard chloroform, but would certainly not think of rupturing the membranes, or artificial dilatation, in the first stage.

I confess that I cannot comprehend what Dr. H. means when he says "The doctrine that but little danger to mother or child attends a tedious first stage, is untenable a not sanctioned by good authors except in cases of natural labor." The Doctor denies that labor is natural if the first stage is tedious. I cannot, therefore, see the propriety of his making the exception of natural labors, as they are, according to his own definition, not under consideration. Again, in answer to my objection that the early rupture of the membranes and discharge of the waters would endanger the child, not only by causing direct uterine pressure to be made upon it, but by continuing that pressure during the first and second stages both, Dr. Hildreth says: "The Doctor's objection would amount to something if the pressure he so much fears was continuous, as that induced by a large dose of ergot.* But the pains of natural labor are intermittent and not continuous, and besides are so completely under the control of chloroform, that if desired, they can for a time be entirely suspended." Now, I would be glad to know what right Dr. H. has to be talking about the pains of natural labor, and pleading the harmlessness of such pains to the child, when on page 23, No. 2 of the Reporter he says: "I have distinctly stated that in natural labor I would advise no interference."

In one paragraph the Doctor talks of a natural labor, in the next an, unnatural one. It seems to me he would be charitable at least if he would render his words and positions less ambiguous, before he charges me with "an attempt to pervert his meaning." Here again the Doctor makes complaint that I did not give him the benefit of the chloroform as a protection against excessive uterine action. He says I am "not inclined to treat him fairly." I cannot agree with his conclusions, but do by no means wish to misrepresent him. The best and most modern obstetricians agree that chloroform does not materially allay uterine contractions, unless full ansæsthesia be induced, in which case, labor will be practically suspended for a time. But the Doctor would give ergot to call the contraction up again. I have only to say, such opposite and contradictory practice would, it seems to me, cause the uterus to be at a loss what to do. Chloroform to cause it not to contract (when contraction is nature's plan of dilating) ergot to make it contract as soon as it has obeyed the first order; and rupture of the membrane

* I do not believe that ergot can be given in such doses as to excite natural contraction. There may seem to be relaxation and intermission betweeu pains caused by it, even when given in small doses, but the hand upon the uterus will reveal that the contraction is continuous.

to execute the demand. The practice is antagonistic. A remedy for a condition caused by other remedies! Now because I cannot subscribe to all this, I am accused with unfairness. I think the Doctor clearly here begs the question.

Again, my objections to the practice in cases requiring turning are answered by calling to aid chloroform, whose magic power is sought, it seems to me, for protection against all the evils attending every vice of practice—and the doctor would add in certain cases his favorite position, the patient on the breast and knees, which by the way is not new. And it is quite amusing to note that he expects by this position to obviate the escape of the waters, when the escape of the waters is one of the principal objects sought by the rupture of membranes. It will be noted also, the Doctor advises not only that the patient be on the knees and breast, but in his paper, in the *American Journal of Medical Sciences*, when giving specific directions how to proceed in the matter, he directs that the patient elevate her hips. Now I shall be glad to hear the Doctor explain how a woman is to elevate her hips, when she is under full anæsthesia? Or how hold them up, even were they elevated, before chloroform is given. I should be pleased also, to have the Doctor's plan of giving chloroform with the patient lying on the breast, face and knees.

The Doctor's answer to my objection that his proposed practice would endanger the child in a case of prolapsed funis, needs no refutation, and I pass it.

Next is the complaint that I quote him as recommending the dilatation to be done with the "finger," whereas he used the plural "fingers".

An examination of my paper will show, as I have already intimated, that in the text I used the plural "fingers", that finger occurs in the analysis. Moreover I stated to the Doctor in November last, when he read before the Muskingum County Medical Society, his criticism upon my Report, that that omission even in this way, was unintentional, either an oversight of my own, or of the compositor. And although several months elapsed, and his paper was revised before sending it for publication in the REPORTER; he makes no mention whatever of this denial on my part, or of any explanation, but almost directly charges me with dishonesty. As to the fairness of the Doctor's course in this matter, I am perfectly willing he shall be his own judge.

But let us examine and see after all, what difference will be found in the dilating effect of one as compared to two or more fingers. The doctor thinks the difference "material." I claim that it amounts to nothing. How many fingers can be introduced into an undilated os at one time? Would not one be used until there was opening enough to admit more at least? Would not the hand have to be partially at least introduced into the vagina, if more than one finger be employed, thus increasing the pain and difficulty of the operation? If the "circular sweep" be decided upon, can the Doctor tell the difference between the effect of one and two fingers? If the antagonistic influence of two be decided upon, will not the muscular fibers touched by the fingers be stretched, and thus far favor dilatation, but will not those at opposite points of the circle be thereby called into veritable action, and thus defeat so far as possible the end sought to be attained?

The Doctor may if he chooses, answer all these inquiries. I am convinced that any argument to establish a "material" difference in the effects of one or more fingers, can amount to nothing more nor less than sophistry—physiologically or mechanically considered, no difference exists. And I think the profession will sustain me in asserting that, at least seven-tenths of all practitioners who dilate thus, do it with one finger.

Dr. HILDRETH lays great stress upon the efficiency of the occiput as a dilator. Will he be so kind as to inform me wherein it is better than the bag of membranes? Will not the conical bag, bearing equably upon every fibre of the circle, gently insinuating itself without irritation, be more efficient than the hard occiput which must necessarily impinge unequally upon different portions of the ring? And whilst it overcomes the resistance of some of the fibres, must increase that of others, causing apastic action, increasing pain, but retarding dilatation? Not only is this true, bnt the occiput, under such circumstances, frequently compresses the cervix against the hard walls of the bony outlet, inflicting dangerous injury to the tender structures involved. His difficulty grows out of the unyielding character of the aggressive force, as well as because the head will not curve to sweep the direction of the outlet, whilst the body of the

child still keeps the line of the upper strait. Again, much is to be lost as to dilating the perineum. Recent researches shows that this organ possesses contractive and dilating force, of a character, not unlike that of the uterus. It is well known that its unyielding resistance often retards labor more than an unyielding os, especially in primiparous cases, indeed, an unyielding os and an unyielding perineum are often concomitants. By allowing the bag of waters to remain, it presses upon the perinium, frequently for a considerable time before the os is fully dilated, making soft and equable pressure, so that by the time the os is sufficiently dilated to permit the occiput to press upon the perineum this latter has been pretty well relaxed. I regard this as a decided advantage, and one of the strongest points against destroying the bag of membranes.

The Doctor's complaint that I have not a word to say about the influence of chloroform over the practice which I condemn, is not well taken. I am granting all the time the good influence of chloroform; but that good influence can be far more available when the proper practice is adopted than when compromised by such improper practice.

The Doctor states that I have wasted ammunition by quoting Hodge, Cazeux, Churchill, Tyler Smith, &c., against his practice, since he concedes that they are against him. But he seeks to explain why they are against him. He says "the authors quoted with so much satisfaction by the Doctor, no doubt refer to general principles, and natural labors. But what have these learned gentlemen to say about rupturing the membranes and artificial dilatation, when required in cases of rigid os uteri, with the patient thoroughly under chloroform? Probably not a word." Exactly so, these gentlemen are speaking of general and special principles also. But why, I ask have these "learned gentlemen" not advised the practice? Are they ignorant of the influence of chloroform, the "Hamlet" of this play? What presumption to talk of these authors not commending the practice because they did not happen to think of the power of chloroform to rescue the unfortunate patient from its dangers.

Next comes a list of questions propounded to these learned obstetric authors. 1st, Can not the the os uteri and all other circular muscular fibers be much more safely easily and quickly dilated with the patient fully under the influence of chloroform than without it? 2nd, Can not this too be done with much less risk of rupture of mucous membranes, or muscular fibre with the chloroform than without it? Of course I am expected to answer not for these authors, but for myself. I answer both questions at once, yes. If the os is to be forcibly dilated by extraneous means which in themselves ignore and totally disregard the anatomical structure and physiological principles upon which that organ is designed by natur to be dilated, I know of no remedy to be more efficient than chloroform, in relieving the pain and guarding against such injuries to the parts named, and relaxing said fibres for said dilatation. But the very power which chloroform has over muscular fibre in relaxing it when the patient is fully under anæsthesia destroys the means by which said dilatation is ntaurally accomplished. Dr. H. himself, has stated that chloroform will so completely suspend uterine contractions as to render the exhibition of ergot necessary. Every physiologist knows that the circular fibres of the os are dilated largely by contractions of the circular and longitudinal fibres of the body of the uterus. When these contract in all directions upon the contents of the uterus dilatation of the os, is a mechanical as well as a physiological result that must follow. For be it remembered, the organ is concave from any aspect internally and longitudinal fibres like a net work cross the circular ones, and extend to the very margin of the os; contractions must therefore dilate. From these considerations it is not difficult to see how dilatation of the os with the "fingers" and occiput would reverse the natural order of the phenomenon of labor, and cause the part of the womb to be dilated, when the body was not sufficiently contracted. The evils of this state of affairs I have not time here to point out; they readily suggest themselves.

Next, the Doctor inquires, "Is it not in accordance with physiological law, that all hollow muscular organs or tissues contract but feebly when distended to their full capacity? (take, for instance, the bladder, uterus, colon rectum, the sphincter muscles, &c.") We would further ask: "Is not the removal of part of the contents of any distended organ usually followed by increased muscular power in that organ? Is not such removal a very valuable stimulus to increased muscular effort?"

To each of these questions I answer negatively. When do the muscles of the *bladder*

or rectum contract with most energy? When these organs are full or empty? Why the pressing demand to empty a full bladder or rectum? Does not every man who has a bladder and rectum know that these organs being distended to their full capacity, the muscles contract and the sphincters relax under the stimulus of that fullness, for an evacuation? No law in philosophy is plainer than this; and, in the present state of our knowledge, there is no proof that the uterus is not under the same rule. Indeed, I have seen no argument that shakes my confidence in the truth of the theory that the cause of labor is that the growing contents of the womb expand that viscus to its capacity of increase, and that infringement upon its walls cause contractions, or labor. One other fact may be noted here with profit. We do not have in health contraction of the rectum and bladder, that is expulsive contraction, until the organ is filled; but in disease, dysentery for example, when there is a false stimulant at work, we have painful contraction, and it is now well settled that that pain is caused by the organ contracting upon nothing comparatively, as well as by the inflamed condition of the tissues. Apply these principles to the evacuation of the water in the early stages of labor, and they react with double force.

I admit, the muscles of an over distended bladder rectum or womb will lose contractile power, and if the distension be long continued and very great, partial or total paralysis may occur. But no such condition is under discussion. The Doctor's examples of illustration do not contemplate such degree of distention, and he does not, as before stated, confine his practice to cases of over distended wombs. He employs the practice in "lingering labors." And I may here as well as elsewhere give what Dr. Hildreth regards as a lingering, and therefore an unnatural labor, for this is the grand key to our discussion. At a meeting of the Muskingum County Medical Society held in April, 1865, Dr. Hildreth's paper on this subject being under discussion before he sent it to the American Journal of Medical Science, Dr. Holston inquired what length of time constituted so far as time is concerned, a natural labor. Dr. Hildreth answered four hours. Now I will not be unfair, and claim what Dr. H. meant that four hours must be the maximum of a natural labor. I give the question and his answer. The most liberal construction that can be given him, holds him to a time very much shorter than regarded as the maximum by other authors, and gives an idea of how many cases of labor, especially with primiparous women, can in his hands escape "the practice" on the ground that they are natural with interpretations made by the Doctor himself. We do not charge too much in saying he employs *and recommends* the practice simply to hasten the process of natural labors, as well as to rescue patients from the sufferings of unnatural ones. I make this statement with all due deference, even in the face of the Doctor's denial in his last article.

Dr. H. says "a rigid os is usually in a pathological condition, generally the result of previous inflammation, ulceration, leucorrhœa, abortion, &c." Now the converse is true. Every obstetrician knows that a very large majority of cases of rigid os and perineum are found in primiparous women, who have never had inflammation, ulceration, or abortions. I therefore reiterate the charge. The practice will most generally be employed in first confinements, which only need a little time; and when so employed, makes labor a pathological affair.

But to my objection, that such interference renders the parts manipulated subject to inflammation, ulceration, &c., Dr. H. answers by inquiring "what I have to say of Marion Sims' practice of amputating the entire cervix for procidentia, or cutting the entire length of the cervix for dysmenorrhœa or sterility? What to say of Baker Brown's practice of incising the cervix for fibroid tumor and menorrhagia? What have I to say to the use of caustics, of sponges and sea-tangle tents, retaining foul secretions and producing infecting ulcers? * * * * * * * What to cutting the cervix with a knife, during labor, in cases of cartilaginous hardness and rigidity, when all other means fail to dilate? As all these gentle measures have been advised, in certain cases, by the highest obstetrical authorities, I would enquire how they compare in point of mildness and safety with the well lubricated fingers carefully applied to a rigid os uteri?"

I have this to say. With the highest admiration for the ingenuity, learning and industry of my countryman, Dr. Marion Sims, who has won a world-wide reputation, I nevertheless, most heartily condemn the extreme surgical extravagancies into which he has fal-

len in his practice and teaching with reference to uterine pathology. So far is this true, that I fear his brilliant achievements in some of the most difficult cases will be eclipsed by his surgical harshness in the management of others clearly belonging to milder remedial influences. And the same may be truthfully said of Baker Brown's practic. But waiving all this, and admitting that the womb and its appendages will, in many instances, bear severe surgical treatment when employed for surgical diseases, are we therefore to feel warranted in submitting any poor woman's womb which happens to be a little tardy in the completion of its high office of sending a human being into the world, one of its grandest physiological functions, to the tortures of surgical treatment, under cover of the fact that the "well lubricated fingers" are mild surgical instruments and can do but little harm?

I confess that I grow impatient in such discussions. Every close observer must have noticed the growing prevalence of uterine inflammation and displacements within the past few years. Such has been my observation at least, in this city and vicinity. Much of this depends, no doubt, upon attempts at criminal abortion with married women, but I do not hesitate to state that much of it also is due to unwarrantable and needless obstetric manipulation. I leave the pale and haggard countenances and emaciated forms of these victims to pronounce against the practice in words of condemnation far more eloquent than any I can utter.

But Dr. H. claims that I do not practice what I preach, says that in the first case named in my report, (a case of abortion,) I dilated the os with the finger, &c. Reference to my Report, (page 8) will show that the os was dilated nearly the size of a silver quarter, when the examination was made, and the uterus was not contracting, and the os was not rigid or undilatable. The fœtus had been dead seven weeks, an offensive discharge was issuing from the vagina, the os was thin and flaccid moreover, so that no force was used, and what dilatation was practised was more in reaching the presenting dead fœtus to assist in removing it, than otherwise. No bag of membrane existed to act as a dilator. The vaginal passage and perineum had not to be prepared for the passage of a full developed child, and for which they would need time, &c. As there is no parallel in the case, this can avail the Dr. nothing.

Dr. H. states that he is not surprised at my failing to succeed with his plan of practice, when he considers my favorite plan of giving chloroform by the stomach. I stated that I had tried his plan, and I always mean what I say; and I may now add that I have tried his plan in several cases since my report was written, and shall forever abstain from it hereafter, so very unsatisfactory have been the results.

The Doctor's sweeping denunciations against opium, chloroform by the stomach, bleeding, &c., need but a passing notice. I would only bleed in cases indicating and demanding it. We agree therefore as to this measure. I would only employ opium under similar rules, allowing the accumulated experience of obstetricians all over the civilized world to define its power and influence; so *that* is ended. Next, as to chloroform by the stomach, I am pleased to note that the Doctor is progressing in the right direction. In his article in *American Journal Medical Science*, (page 363) when speaking of the recommendation of a medical friend to give chloroform by the stomach for relaxation of rigid os, he says, "From the few cases in which I have tested this practice, I have formed the opinion that the relaxing power of the remedy will be measured by the degree of intoxication produced." In the article in the Reporter, (page 25) he says "that chloroform, when taken into the stomach, or injected into the rectum or under the skin, will have some anæsthetic or relaxing effect, I have no doubt." I am glad to note the change in the Doctor's views. I am surprised, however, that he should still be so sparing as to the power of chloroform when given by the stomach. Has he not read the numerous cases reported where complete anæsthesia has been induced by the medicine exhibited by the stomach? Does he not know that chloroform is a sedative to the brain and nervous centres, and that it generally induces these effects by entering the circulation? Its action is much more rapid when inhaled, for the simple reason that it is here received in form of vapor, and applied to a very much greater surface, and then, as held by Faure of Paris, an immediate influence upon the blood in the pulmonary capillaries, and temporary pulmonary paralysis, may also account partly for the more speedy effect of the remedy when thus administered. Now the slowness with which the medicine will be absorbed from the stomach, constitutes one of the elements of safety in

giving it in that way. Indeed, some authors think that it is not absorbed at all until vaporized in the stomach. As to the danger of inflammation, &c., of which the Doctor speaks, no such fears need be entertained if it is well-mixed with milk, or some other proper menstruum, and given in properly selected cases. As to the comparative danger of the two modes, at least, two well-authenticated cases, according to Professor Wood, of death from inhalation of not over thirty drops, are on record. In no instance has death occurred so speedily, or from even double the quantity, when given by the stomach. But these are not the only reasons why I prefer this mode of administration, for relief of rigid os, and scanty uterine, and vaginal secretion, and unyielding perineum. My preference is also because I have tested it in more than two hundred cases of this kind, and have seldom had it fail. In cases where the pains are irritable, os rigid, perineum unyielding and secretions scanty, half a drachm of chloroform given by the stomach, mixed with milk, and repeated every thirty to fifty minutes if necessary, will generally remove all the difficulties, and in a very large proportion of the cases, the second dose need not be given. From this quantity, thus administered, anæsthesia seldom arises, and the uterine contractions and action of abdominal muscles are not interfered with therefore, (which is very important.) When full etherization, as advocated by Dr. Hildreth, is induced, the reflex or excito-motor power of the spinal marrow is crippled, or wholly abolished, and the important aid of the abdominal muscles is therefore lost, and the contractions of the uterus much interfered with. But it may be urged that, as I have said, chloroform may produce the same effects when given by the stomach as by inhalation, I am, therefore, inconsistent in advocating the former method of administration. I reply: The same quantity will not produce the same effect; more relaxation of the parts needed to be relaxed; greater increase of secretion, and less unconsciousness when given by the stomach, from the reasons already hinted at, the chief one perhaps being the slowness with which the medicine enters the circulation.

Let it not be considered from anything I have said that I am opposed to the use of chloroform even by inhalation, in many cases. For relief of pain during the last throes, and during severe obstetric manipulations I prefer it by inhalation, and generally so employ it.

But I must dismiss this part of the subject and not further trespass upon space.

The Doctor ridicules my advice as to separations of the membranes, and adds that it should not be done unless some adhesion exists. In this advice I heartily concur. The length which this paper has already attained renders it imperative that I soon close, otherwise, I feel that the columns of the Reporter will be trespassed upon. A full discussion, therefore, of this question of the membranes cannot now be indulged in. At a future time, however, by permission of the editor, I hope to contribute a paper upon this subject. Suffice it now to say, whether Dr. Hildreth's opinion that his "practice will be adopted by better men, when the parties to this contest are dead and forgotten," be true or false, one thing he can rely upon—he will live to change his views as to the anatomical reasons why there cannot be adherence between the membranes and uterus. If the Doctor will refresh himself upon the anatomy and physiology of the subject, he will find the question is, when, at what stage of gestation, does separation usually take place? He will also observe, if he will take the trouble, that in nearly, if not in all cases of *dry labor*, separation has not occurred, and that rigidity of the os is frequently found in these cases of dry labor. And he will further find in practice, that artificial separation of the membranes in such cases will very much aid in dilatation and flow of the proper secretions. Such, briefly, have been the observations of some of the best obstetricians of Europe, and also of the humble author of this paper. I will be pardoned for alluding here to the Doctor's criticism upon my styling his process of dilating, a drilling process. I have no change to make in the words of my objection. He has criticised me as though I had used the noun *drill*. I used, as can be seen by reference to my report, the verb *drilling*. If the Doctor will brighten up a little on his grammar and definitions, he can see his error. The fingers can be the *drill* just as literally in the process of *drilling*, as could an instrument of iron.

[The above reply would have been made more than a month ago, had not ill-health, which finally culminated in severe and painful sickness, rendered me wholly unable to write.—T. A. R.]

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Wednesday Evening, March 20th, 1867.

Dr. Nebinger, President, in the chair.

The minutes of the last meeting were read. After the transaction of some general business the subject for discussion for the evening came up, the consideration of which had been postponed from the last meeting.

The resolution before the society for action was the substitute for Dr. Hartshorne's amendment, to the resolution attached to the report of the committee, offered by Dr. Condie, and accepted by Dr. Hartshorne, and amended by Dr. Mayburry, viz.

"Nothing in the foregoing resolution shall be construed to forbid any member of this society from consulting with any female practitioner, who shall be declared by the American Medical Association, regularly educated, and who shall give sufficient evidence of strict adherence on her part to the code of ethics."

Dr. Atlee, desired to offer a substitute for the resolution of the committee, and the proposed amendment. His reason for doing so was that in his view, the report and the resolution appended to it were entirely opposite in spirit. The resolution which was sent to us by the state society appears to have been entirely unnoticed. It forwarded a special resolution for us to act upon and report that action to the society. This the committee seems to have ignored. The report of the committee met his approbation, and if the resolution of Dr. Mowry, had been appended to it it would have been in accordance with its spirit. The The resolution as modified by Dr. Condie, placed the female college in a very peculiar position, in such a position as no other in this county is placed. The American Medical Association in the first place is not by the code of ethics, the arbitrator of these matters. Then again, how is this college to get before the American Medical Association, when it is condemned here and by the State Society. They will never receive a delegate there so long as condemned here. He then read the following preamble and resolution.

Whereas, the code of Ethies, of the Philadelphia County Medieal society, in Article 4th, seetion 1st, in speeifying the qualifieations of physieians in regard to consultations, says that "*a regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the only acknowledged right, of an individual, to the exercise and honors of his profession.*" and

Whereas, The Female Medical College, of Pennsylvania, in their regulations for graduation requires their candidates to have been engaged in the study of medicine three years, and to have attended two courses of lectures, on *Chemistry and Toxicology, Anatomy and Histology, Materia Medica, and general Therapeutics, Physiology and Hygienie, Principles and P r c icine, Principles and Practice of Surgery, Obstetrics and Diseases of Women and Children, and two courses of instruction in Practical Anatomy, with clinical instruction,* in the Woman's Hospital; the aeknowledged condition of "a regular medieal edueation," And

Whereas, The Female Medical College of Pennsylvania, does not differ, exeepting in sex, in its essential features from the regular medical sehools of the United States, therefore,

Resolved, That the graduates of the Female Medical College of Pennsylvania, are entitled to the same professional courtesy, as graduates of other institutions.

Resolved, That the resolution offered by Dr. Mowry, at the last meeting of the state soeiety, and referred to the several county soeieties, be adopted as the sentiment of this soeiety.

Dr. Butler seconded the motion. As far as he understood the discussion, it seemed to him our proper position, is to be liberal, as liberal as our profession will allow. We ought not to require anything more of women than we do of men. The great fact to be dealt with is, that there are women practitioners of medicine, and it is not right that they should be persecuted, because of their sex. He did not admit the necessity or propriety of their practicing medicine, but some of them will do it, and as there is no power that can prevent them, it is to the interest of the public, and the profession that they be competent, and their education and standing such that they may be consulted with. He would be very sorry to see a daughter of his become a woman doctor. But women are crowding into all kinds of employment, and as they cannot be prevented from entering the medical profession if they choose to do so, they should not be placed under disabilities, not imposed upon men. He did not know of any objection to the present professors of the Female Medical College of Pennsylvania, further than that they may not be first class men.

Dr. Stetler, said in order to satisfy gentlemen, in regard to the regularity of the physicians connected with the Pennsylvania Female Medical College, he begged leave for the Secretary, to read the following circular, of one of the professors of that institution.

"Dr. M. G. Kerr's, Compound Asiatic Balsam. This remedy I compounded, in 1849, when the cholera was very prevalent, and used it with a success that was *new*, and *without failure*! and since then, I have continued to prescribe it in the allied diseases of cholera-morbus, diarrhœa, dysentery, cramps, &c, with a uniformity of success that hardly admits of a single exception. Many philanthropic persons used to buy and distribute it, among the poor, and assert that they never knew it to fail, in curing either the premonitory disease, or the cholera. Everybody who has ever used it, recommends it. It possesses remedial virtues, such as I postively as-

sert, are possessed by no other medicine ever offered, and it cures rapidly, and safely as well as certainly. Taken according to the directions which accompany each bottle, it never fails to check, diarrhœa in from ten minutes to an hour, and abate, and remove all other symptoms of cholera. In cholera morbus, diarrhœa, dysentery, cramps, colic, summer complaint, &c, it acts more like a charm, than as an ordinary medicine. No person need be alarmed at the cholera, who has a bottle of Compound Asiatic Balsam on hand. Use it immediately on the first indication of any of the above disorders. It is pleasant, quick in action and unfailing.

Prepared only and sold wholesale and retail, by Dr. M. G. Kerr, physician and chemist, No, 805, N. Fifteenth St. Phila.

P. S. Dr. Kerr, may be consulted in English or German, on all diseases, incident to both sexes, at his private office."

And this man is at present connected with the female medical college. None of the regular practitioners in the northern part of the city would consult with him.

Dr. Butler said that circular satisfied him. If the female medical college tolerate such men, they must, of course, suffer the consequences.

On motion, the substitute to the resolution, of the committee, and the amendment of Dr. Hartshorne, offered by Dr. Atlee, was laid on the table.

Dr. Bell, said that the only argument he had heard in favour of admitting the female college to full standing, and the professors and alumni to consultation, is that the college has made some progress and will probably make more. He did not see the propriety of encouraging that which we believe to be wrong, because it has made some headway. He then read the following remarks.

Looking to the usefulness and dignity of the profession, which are inseparably connected with the welfare of the community, we are not without very grave objections to women taking on themselves the heavy duties and responsibilities, of the practice of medicine. Their success in the walks of general literature, and even in some instances of science, which allow them a choice of time and season for intellectual labor, cannot be adduced as arguments in favor of their ability to bear up under the bodily and mental strain to which they would be unceasingly subjected in this new vocation. The physiological peculiarities of woman even in single life, and the disorders, consequent on them, cannot fail frequently to interfere with the regular discharge of her duties as physician in constant attendance on the sick. How much greater must be the interruption to her duties if she enters the married state, and becomes a mother and nurse. The delicate organization and predominance of the nervous system render her peculiarly susceptible to suffer if not to sink under the fatigue, and the mental shocks which she must encounter in her professional round. Man, with his robust frame, and trained self-command, is often barely equal to the task. The home influence of woman, is one of the greatest benefits growing out of christian civilization. More especially is this manifest when we look at her, as the head of the household a helpmate to her husband, and the confidante, guide, instructor and loving friend of her children, whose future happiness and respectability, so much depend on her tuition and example. What would be the state of the household, what the present condition and future prospects of the children, deprived to a considerable extent of their natural guardian, who would be engaged all day and not secure against calls in the night, in the service of the sick? Nor when at home, can the mother, worried and fretted and anxious about her patients give healthy milk to her infant, or be in a fit frame of mind to interchange endearments with her beloved little ones, to receive their confidences and offer advice.

Once embarked in the practice of medicine, a female physician will not long confine herself to attendance on persons of her own sex, Curiosity, caprice, the novelty of the thing, would induce some men to ask the professional advice of a woman doctor. It is sufficient to allude merely to the embarrasments which would be encountered on both sides, in her visiting and prescribing for persons of the opposite sex. If her services be restricted to the female portion of the family, then must there be a male physician to attend on the males, and thus there will be constantly two physicians in the regular service of a family, with all the chances of counter prescriptions and advice and breach of ethics, misunderstanding and heartburnings, by each one passing the lines of the other. If a female physician be once received in full standing and professional intercourse by consultation or at other times with a physician of our sex, be allowed, the greatest latitude will be taken and given in the statement of the case of disease, whatever it may be, its symptoms and causes, and questions of treatment therapeutical and psychical. Will woman gain by ceasing to blush while discussing, every topic as it comes up, with philosophic coolness, and man be improved in the delicate reserve, with which he is accustomed to address women, in the sick room? The bounds of modesty once passed in this professional intercourse, will the additional freedom of speech, and manner thus acquired impart grace or dignity to a woman in her new character?

Could women be induced to see the true line of duty in relation to medical study, it would be to learn preventive medicine and acquire a suitable knowledge of physiology and hygiene, so as to be able to preserve their own health, and that of their children and to inculcate on the latter, the close connection between the physical and mental well being of our nature. The field is large and its cultivation would richly repay the laborers in it.

In no other country than our own is a body of women authorized to engage in the general practice of medicine. The specialty of midwifery practice in France is hedged in by regulations which call for the assistance of medical men in any case of difficulty or doubt.

Moved by these considerations be it therefore

Resolved, That, in conformity with what they believe to be due to the profession, the community in general and the female portion of it in particular, the members of this Society cannot offer any encouragement to women becoming practitioners of medicine, nor, on these grounds, can they consent to meet in consultation such practitioners.

The resolution was seconded and unanimously passed.

On motion, it was unanimously resolved that the remarks with which Dr. Bell, preceded his resolution be adopted as a preamble, thereto.

A motion was made to publish the action of the Society, which, at a subsequent meeting, after considerable discussion, was modified by the passage of the following resolution offered by Dr. Bell:

Dr. Bell remarked that as a general thing he was opposed to publication in the daily papers, and in this case he thought it would not be due to the dignity of the profession to have the action of the society first to appear in the daily papers before its insertion in the medical journals. He, therefore, moved that the Secretary be instructed to send copies of the preamble and resolution adopted by the Society, to the *American Journal of Medical Sciences*, *The Medical News and Library*, and The Medical and Surgical Reporter, of this city, for publication in these journals, and to the Medical Society of the State of Pennsylvania.

Editorial Department.

Periscope.

DISLOCATION AND FRACTURE OF THE SPINE—TREPHINING.

Dr. David W. Cheever, of Boston, reports in the *Boston Medical and Surgical Journal* three cases of dislocation and fracture of the spine.

In the *first* case dislocation occurred of the fifth and sixth cervical vertebræ, in consequence of a fall. The accident had occurred fifteen hours previous to his entering the hospital—pulse 60 and full; respiration quiet but wholly abdominal; diaphragm contracting well; head thrown back; slight priapism; paralysis of sensation and motion of entire person below nipples anteriorly, and below seventh cervical vertebræ, posteriorly. No reflex action; body warm; patient could rotate his head through an arc equal to one fourth of a circle, and move it somewhat forward and backward, though the latter caused pain; slight power of motion laterally.

The seventh cervical vertebra and all below it was uninjured.

The fifth and sixth, over which there was an effusion and swelling, seemed abnormally elastic on pressure; vertebræ above could not be felt. No crepitus.

Twenty four hours later, pulse 64; respiration distressing and more frequent; no thoracic respiration; chest as still as a marble statue; diaphragm working less forcibly; amount of air inspired small; action of heart labored; abdomen tympanitic; no facial paralysis; mind perfectly conscious; swallows and talks well; entire paralysis of arms, legs, trunk, bladder, etc.

Gradually, pulse becomes more irregular, and feebler; respiration 32; expiration noisy; talks incoherently; speaks slowly with great effort to articulate; words lagging, etc., and he died *fifty* hours after the accident; no autopsy allowed.

The *second* case was one of probable dislocation and perhaps fracture of the lower cervical vertebræ. The symptoms very much the same as in the former case. He died about twenty-four hours after the receipt of the injury. No autopsy.

The *third* case is of greater interest, as the operation of trephining the spine was performed. The patient, from a fall had received a fracture of the vertebral column in the upper dorsal region. Entire paralysis of legs and trunk; retention of urine, and diaphragmatic respiration. Crepitation of broken bone was very evident between the scapulæ. Pulse and respiration were failing, and a fatal termination, unless relieved, was easily foreseen.

An operation was decided upon. An incision was made over the fracture, and the broken ends of several spinous processes removed. The laminæ being found to be fractured also, segments of the arches of four vertebræ were removed with the trephine elevator and tooth-forceps. The cord was freely exposed, and seemed intact in its membranes, except a small spot on the upper border of the wound, where an appearance, like laceration was presented. Free venous hemorrhage ceased spontaneously. The rough edges of the laminæ were trimmed off with gnawing forceps. The cord appeared to be free from pressure, both above and below the wound. No injury of the head was found. But emphysema began to appear on the right side and front of the thorax.

The patient, the next day entirely conscious; protrudes tongue; swallows; talks; pulse 108, fuller than day before; *respiration* 30 *and thoracic* every intercostal muscle contracting well, in inspiration; some dyspnœa; emphysema moderate; chest tympanitic; priapism gone; can feel slight touch with finger as low down as knee, but not lower. He began to fail, the pulse running up to 160, respiration becoming very rapid and distressing, but the thoracic muscles moving

with the diaphragm to the last. The breathing was short and catching, as if the lungs were oppressed but not paralysed. An autopsy could not be obtained, but there is reason to conclude that he died of fractured or dislocated ribs, wound of the pleura, and pneumo-thorax, since his respiration, pulse, and mode of death differed totally from the other cases. They died with a pulse of 40, and a respiration growing slower and slower; he died with a pulse of 160, and a spasmodic and exceedingly rapid breathing.

Trephining the spine and raising the depressed laminæ restored the inspiratory power of the intercostal muscles, and relieved the diaphragm; it restored also the trunk and thighs to sensibility. If no lesions had existed in the chest, there would seem to be reason to have hoped for a favorable result. Immediate death from pressure on the nervous centre was averted at any rate, and life prolonged.

Dr. Cheever, in advocating the operation of trephining the spine in cases of fracture, is sustained by the experience of several surgeons of note. In a very interesting article on the subject by Dr. Robert McDonnell, F. R. S., published in the *Dublin Quarterly Journal of Medical Science* for August 1866, the whole question is ably discussed, and three cases of the operation detailed, one by Gordon, one by O'Donnell and one by Louis. The seat of fracture in these cases was the lumbar vertebræ. Two of the patients recovered, and one died from renal abscesses, on the seventeenth day after the operation.

Dr. O'Donnell says: "That the proceeding of trephining the spine should be permitted to take its place among the legitimate operations of surgery, as one which, although formidable, and in most cases not likely to be successful, nevertheless offers, in certain cases, by far a better prospect of saving life than the system of doing nothing."

Reviews and Book Notices.

Contributions to the Pathology, Diagnosis and treatment of Angular Curvature of the Spine. By Benjamin Lee, M. D. pp. 129. Philadelphia: J. B. Lippincott & Co. 1867.

Orthopœdia has received of late a full share of consideration in medical literature. The works of Davis, Prince and Taylor have, very recently, been noticed in these columns. That of Dr. Lee is, nevertheless, not superfluous; it gives an interesting discussion of "Pott's Disease," its nature, clinical history and management. Especial attention is called in this book to an "initial symptom" of spinal disease often overlooked or misunderstood, viz: *gastralgia*, or abdominal or epigastric pain, severe and paroxysmal in character. This occurs often in the absence of all pain or tenderness or pressure of the spine itself, which Dr. Lee insists, is *never* an early symptom.

The only difficulty as to this sign (initial gastralyia) is, of course, its separation in diagnostic interpretation, from the pain of some other affections, and particularly from that of ulcer or cancer of the stomach. In both of these last diseases, the pain varies greatly; so it does, indeed, in aneurism of the abdominal aorta, from ulcer and cancer (besides the tumor of the latter) we have frequently, but not always, ejection of blood from the stomach as a sign. Dr. Lee urges the importance, as joint symptoms with gastalgia in commencing spinal disease, of rigidity of the muscles on rising in the morning, and a disposition to carry the whole body timorously in walking, from a feeling of the need of avoiding jarring movements.

As to the *pathology* of caries of the spine, Dr. Lee denies the universality or exclusiveness of its dependence upon the scrofulous diathesis. It is asserted seldom, if ever to occur *idiopathically*, but nearly always to be brought on by an injury of some kind; of course the tuberculous predisposition modifies its history.

Dr. Lee, in his account of the *treatment* of the disease, argues against counter-irritation as a remedy. He adopts otherwise, the views of Dr. Davis, and explains them, with excellent illustrations. The apparatus preferred for mechanical correction of angular curvature is that of Dr. C. F. Taylor, which differs from that of Dr. Davis in having hinges allowing of free *backward* motion, instead of being altogether immovable. We agree with Dr. Lee, in believing this to be advantageous.

The essays of which this volume is composed, have been already brought favorably before the profession. One was an inaugural thesis, which received the award of a prize, from the New York College of Physicians and Surgeons, in 1851. Another was read before the Medical Society of the State of Pennsylvania, in 1865. The third has been published in the transactions of the American Medical Association for 1866, on the recommendation of the committee on prize essays; the accidental disclosure of the author's name having excluded it, by rule from competition. The book is beautifully printed and bound, and is quite readable, as well as instructive.

Medical and Surgical Reporter.

S. W. BUTLER, M. D., Editor and Proprietor.

PHILADELPHIA, APRIL 6th, 1867.

THE NEW COMMERCIAL HOSPITAL IN CINCINNATI.

The city of Cincinnati having been authorized by the Legislature to appropriate $500,000 with which to build a new hospital edifice, has appointed a commission to take charge of the construction of the same. Three premiums, of $1,200, $800, and $500, were offered for plans. The plan adopted was that of Mr. A. C. Nash of Cincinnati.

An eligible site has been selected, occupying a whole block, 448 by 340 feet between Plum st. and Central Avenue and Twelfth and Ann sts.

The structure will be composed of eight, almost wholly disconnected buildings.

Several advantages are secured by this arrangement; first, better ventilation; second, greater security from conflagration; and third, more architectural beauty and effect. But these several divisions are so arranged, bordering the four sides of the square, twenty-five feet from the pavements at their nearest points, as to present the appearance of unity, and at a little distance they seem like one immense edifice.

On Twelfth street, midway between Central Avenue and Plum street, will stand the head or central portion of the structure, termed the Administration Department. It will be a building 75 feet front by 50 feet deep, with a main entrance and hall in the center. This administration block will contain, on the first floor, rooms for the Superintendent and family, reception rooms, apothecary and dispensary, resident physician's library and pathological museum. The basement contains rooms for storing and examination of drugs, a laboratory, family and officers dining rooms, laundry and drying chamber, family kitchen, cellars, etc. In the second story are the Trustees' room, sleeping rooms for Superintendent's family, and private wards for pay patients.

In the third story is the operating theater, with seats for 750 students. This room will be lighted mainly from the roof, but it will also have a few side and end windows for light and air. In connection with the theater will be a room for operators, an instrument room, bath and lavatory, rooms for patients before and after operation. There will also be a lift communicating with each story below.

The pavilions are designed for three stories. The wards in the central pavilions are calculated for thirty-six beds each, and the remainder twenty-four beds each, making about six hundred in all, the wards being so located as to secure a direct current of air through them. At one end of the wards are rooms for the physician and nurse, with a water closet-kitchen, pantry and fuel and convalescent dressing rooms, linen and clothes rooms, patients' lifts, dumb waiter and foul linen shoot, At the other end of the pavilion are water closets, slop sinks, bath and lavatory. These rooms have a direct ventilation through them, and a downward draft in connection with the main chimney stack. At one end of the central pavilions are private rooms for pay patients. The basement of the pavilions are devoted to accident and temporary wards, dormitories for domestics, coal depots, store and baggage rooms, etc.; also, in the basement there is a railway for the convenience of the sick, and for distributing coal, food, &c., to the various lifts.

The central building on Ann street contains the kitchen, bakery, servants' hall and dormitories, engine room, porters' lodge, post mortem room and a mortuary.

Patients will be taken into the Hospital on Ann street, near Central avenue. Visiting physicians will, also, generally enter here, as it is intended to erect a neat carriage house and stable on the line of Ann street, some distance from the kitchen, for the safety of their horses and buggies.

The whole establishment will be heated by steam—in the wards, by means of coils of pipe in heated air chambers—in the basement, in the halls by means of direct radiation from steam tables or radiators.

Corridors connect the various buildings. These corridors are intended to be open in the summer for the free circulation of air, and they may be closed in winter.

The walls of the whole edifice will of course be brick, belted at each story with sandstone work, the door and window openings being ornamented with the same material. The central building will have the appearance of four stories above the basement, on account of the height of the lecture room in the third story; the pavilions will be but three stories above the basement. The lecture room will be sur-

mounted by a dome and spire reaching 110 feet above the pavement. Each of the outer ends of the pavilions will be surmounted by a turret, for ornament, and to promote ventilation. The top stories all around will be finished in French style, with Mansard roof of slate. The whole square will be surrounded by an iron fence, standing on a substantial but neat stone foundation.

The Superintendent intends to push the work forward with all the dispatch consistent with economy and good workmanship, and it is expected that the walls will be got up, and perhaps put under roof, by next fall.

We are indebted for the above account to the *Cincinnati Gazette.*

Notes and Comments.

THE QUACK AND "THE MINISTER."

A subscriber in Missouri sends us a couple of circulars sent out by a quack in New Haven, Conn. The first is directed "to the minister" at Paradise, Mo., and begs of him, with the promise of a reward of a package of his "great life regulator," to induce a merchant in the place "to sell this healing and most valuable health giving medicine, called Dr. ——'s great Life Regulator." "When writing, please write the name of the merchant very plain so that I can print their name in the circulars."

The above reveals a new way of establishing agencies, and would seem to indicate a consciousness on the part of the quack that he would be apt to find sympathy by addressing his circulars to "the minister." Why did he not address it to "the doctor," "the lawyer," or to "the merchant" himself?

The following is the second circular, and it is certainly paying a poor compliment to the intelligence of "the minister," to suppose him capable of being captivated by the medical skill of such an ignoramus.

New Haven, Conn., February 27th, 1867.

Dear Sir: My object in writing to you is to inform you of the Great Life Regulator.

It certainly is the greatest gift from Heaven to us as a people for the healing of our bodies. It instantly cures all forms of sickness, and in the shortest space of time heals the body from all diseases.

It is for this I take the pleasure of informing you of this great remedy, that you may become acquainted with a medicine which will in all cases, under all circumstances be sure to give health to the sick.

Its accurate time in curing the sick in all cases, where they have not long been confined to their bed, is from one to eighteen hours.

Wishing you much happiness and health,

—— M. D.

MEDICAL DEPARTMENT OF WASHINGTON UNIVERSITY, BALTIMORE.

The circular of this new medical school was mislaid, and we have until now neglected to notice it. It has been organized with a full faculty of eight professors and four adjunct professors, all but two of whom "Served as surgeons in the late civil war; five of them were known prior to the war, as popular and successful professors in the medical colleges, and *all* of them are natives of the Southern States.

There are to be two sessions each year, the first beginning on the first Tuesday in April, and continuing four and a half months, and the second beginning on the first Monday in October, and terminating on the first Saturday in the ensuing March. Tickets 15 dollars each. Dr. H. L. Byrd, Dean of the Faculty, 21 North Calvert St., Baltimore, Md.

The faculty certainly contains names of men who are well known as medical practitioners and teachers.

CHLOROFORM AND ERGOT IN TEDIOUS LABORS.

The discussion between Drs. Hildreth and Reamy, will be likely to throw light on this interesting subject. They are intelligent, earnest men, and we are glad they are giving an instance of an earnest discussion without an exhibition of ill feeling. The drawback to such discussions, is the space they occupy beyond what is actually needed to elucidate the subject in dispute, and we earnestly hope, that it may not be considered necessary to prolong this, certainly in lengthy communications.

BOWER'S GLYCERINE.

Our attention has been called by Dr. Adolphus to an error in his article on Glycerine in the Reporter of Jan. 12th, in which he is made to recommend *Brown's*, instead of Bower's Glycerine, prepared by Henry Bower, Esq., a prominent pharmaceutist of this city.

THE MURDER OF DR. LIVINGSTONE.

The murder of Dr. Livingstone, the celebrated African traveller, has been for some time reported in the newspapers. These accounts have seemed to us unreliable, and we were not disposed to accept them as true, and we are glad to find that recently, Sir Roderich Murchison and others, have expressed doubts on the subject. Dr. Kirk, formerly a companion of Dr. Livingstone's, now British Vice-Consul at Zanzibar, furnishes an account given by some Johanna men of the party, who profess to have seen Dr. Livingstone murdered, and who escaped the massacre. According to their story, the party was attacked, probably in August last, on the west of Lake Nyassa, and half of them murdered. We hope to hear of the untruth of this report, and of the return of this indefatigable explorer.

Later news seems to confirm the report of his death.

MEDICAL JOURNALS.

Dr. H. V. Williams, late of Bridgeport, Ky., has located in Indianapolis, Indiana, where he proposes to issue the *Indiana State Medical Journal*, a monthly of 64 pages. We trust the enterprise will be sustained.

The *Southern Journal of the Medical Sciences*, an excellent quarterly, published in New Orleans, and edited by Dr. D. Warren Brickell, and his associates Drs. Beard, Mitchell and Holt, begins its second volume, May 1st. The subscription price has been reduced to $6. This ought to greatly increase its circulation.

The Savannah Medical Journal, the organ of the Medical Society of the State of Georgia, has, we are sorry to learn, temporarily suspended publication. It is an excellent journal, and we shall be glad to learn of its early resumption.

—Prof. M. B. Wright, in his address to the graduates of the Medical College of Ohio at Cincinnati recently read the following prescription, which he says was sent to a drug store by one of the prominent homœopaths of that city. The prescription does not need note or comment, being suggestive enough without! ℞. White vitriol, 1 drachm; plumb. acet., 2 drachms; pulv. opii, ½ drachm; pulv. gum arabic, 2 ounces. M.

Elixir—Peruvian bark and protox. ferri.

Correspondence.

ABORTION TO PREVENT INCREASE OF FAMILY.

Editor of the Medical and Surgical Reporter.

In the Reporter, of March 16th, Dr. Tackett, gives an account of two cases of abortion, *most likely* produced by "mechanical operation." This subject is of fearful interest, and the evil is wide-spread, almost universal. I have lately observed two similar cases which you may add to the calendar if you think fit to publish them.

About two weeks ago I was called to see a woman who was "very sick,"—"had congestive chills," &c. Saw her immediately and learned the following facts. She was pregnant 6 or 8 weeks, but being as she said, "bound not to have any more children, because they were too poor to take care of them,"—had ridden 20 miles in a lumber wagon, but as this was not sufficient, had resorted to a *wire* which she had used to make mis-carriage certain. She showed me the "*instrument*" hanging up in her cupboard as *a family utensil*! She stated, moreover, that many other women of her acquaintance used the same means to prevent increase of family. Remonstrance against the practice was listened to very coolly and not in the least heeded. Although suffering seriously she conjured me not to give her anything to "stop it." But she had already succeeded in destroying the embryo.

Another case recently,—a woman of 35, with five children, was "flowing very bad," had been "over-doing," thought " it could'nt be over 4 or 5 weeks along." Opiates, cold and quiet made her comfortable and she passed a good night. Yet the next day "flowing," set in more persistently than ever with pain, and general disturbance of the system. Anodynes, ergot, cold, the tampon—all means failed to control the hemorrhage, and to save the patient, who was becoming faint and weak, it was necessary to resort to the dernier measure of hastening the removal of the ovum. Upon examination the anterior wall of the cervix was found occupied by a hard painful tumor, extending into the body of the uterus which, if not a malignant growth, was the result of acute inflammation, from mechanical injury, and finally the confession was elicited, that she was nearly 3 months pregnant, and during the latter 2 months her husband occa-

sionally used a bent wire to destroy the fœtus, which attempts had given her much pain and produced the injury to the cervix. Her husband had been instructed in the use of this means by a "Doctor out west," and the "operation," had been resorted to, as often as pregnancy was suspected, with a nearly fatal result at several times. They "could not think of having any more family;" but she resolved never to submit to this proceeding again.

Alas! what a strange infatuation possesses the minds of American women! Excepting the marriages that are fruitless from physiological causes or from observance of *physiological laws*, how few are the families in which abortion or fœticide is not practised. Show them its terrible evils and they urge poverty and ill-health, if not their *prerogative* in the matter, and some argue that if it is a crime to destroy the fœtus *after* conception—*ergo*, *propter hoc*—it is wrong to have copulation without impregnation.

Can there be found no remedy? Education, if the current *questionable*, popular information may be so called, seems to increase rather than check the evil. The opinion, it would appear, is becoming prevalent, that the generative power is a "mistake and a nuisance," the function superfluous (and for women, an annoyance,) and maternity a disgrace. A.

Kalamazoo, Mich, March 28th, 1867.

FOREIGN BODY IN THE AIR PASSAGES MORE THAN THREE MONTHS.

Editor of the Medical and Surgical Reporter:

On the 26th of last April, I was summoned to see Q. H., æt. eighteen months. His mother told me he had been languid and drooping two days before, having, as she thought, caught cold. This, however, caused him to be but slightly indisposed, until the 26th, when he was left alone, playing on the floor, having, among other things, a number of coffee beans. During his mother's temporary absence he suddenly got worse, so that after her return, she found him blue in the face, with threatening suffocation. On examination, the following symptoms presented: Countenance anxious, great difficulty of respiration, pulse slightly accelerated, cough violent and paroxysmal, voice normal. The fauces presented nothing abnormal. Upon percussion the resonance was found natural, but auscultation showed the existence of dry ronchus on the left side, with a to and fro sound which was very audible, even at a distance from the patient. The child was very restless, and *constantly rubbing* its nose.

The case was either insidious true Croup, or a Foreign Body in the Air Passages. It was therefore left for future development; meanwhile, administering mild emetics, an occasional warm bath when the symptoms were urgent, and anodynes to render the patient's condition as comfortable as could be under the circumstances. After the lapse of a few days without any change in symptoms, no loss of voice or apparent exudation in the fauces, it was unhesitatingly pronounced a case of foreign body in the wind-pipe. The child's chances of recovery without an operation were considered extremely doubtful, but the parents expressing their unwillingness to have it operated upon, and as such an operation in so small a child is by all means a very dangerous one, it was left as a forlorn hope for spontaneous ejection. The treatment henceforth was conducted on general principles, consisting of anodynes, anti-spasmodics with iron, and good, nutritious diet, for a period of seven weeks, (most of the time the suffering was severe) when it gradually began to improve, with, however, the ronchus and flapping sounds remaining quite marked. Treatment was now discontinued, the child being brought to my office once a week to watch for complications and to observe its progress, until the 7th of August; he was then seized with vomiting and diarrhœa, (cholera infantum,) when, to the agreeable surprise of myself, as well as his parents, he vomited the roasted coffee intruder, which was about one third larger than an ordinary coffee bean, preserving its shape and smoothness perfectly.

The child has greatly improved since the favorable expectoration, leaving but a slight bronchitis behind. Thus the foreign substance was retained, in this case, for three months and ten days without the least sign of disintegration, and very remarkably, considering the size of the bronchial tubes at such an age, without proving destructive to life. It was lodged in or at the entrance of the left bronchial tube, as the normal vesicular murmur was frequently inaudible on the left side, while it always remained clear on the right side, which is contrary to the general rule in such cases. A. P. Fetherolf, M. D.

Litzenburg, Pa.

CASE OF POISONING BY MORPHIÆ SULPHAS—STRONG COFFEE AS AN ANTIDOTE.

Editor Medical and Surgical Reporter:—

On the 20th, of December last, I was aroused at 3 o'clock, A. M. by a young man who was apparently in much distress, about the condition of his brother, a young man, about 25 years old, and who had, as I was informed by the elder brother, taken a dose of "morphine" the night before, prior to going to bed, or rather before the usual bed time, to relieve him of the pain caused by a large scrofulous abscess, that was rapidly forming on the left side of his neck.

The patient was of an excessively scrofulous diathesis and bore many of the peculiar cicatrices on his neck and breast, so many evidences of the previous use of the lancet. On this occasion he begged his brother to procure a second dose of morphia for him, the first not having brought the relief he hoped and expected. He at first took a half grain and his elder brother seeing that this did not relieve him went to the nearest drug store and purchased ten grains more, under the impression that it would be needed. During his absence the patient fell asleep, and his brother thinking the first dose had taken effect and relieved him, went to bed and falling asleep himself, did not wake until near 3 o'clock in the morning, when he was aroused and alarmed by the stertorous breathing of his brother. We learned after he had recovered, that he awoke about midnight, and still suffering intense pain went to the mantel piece, where the morph. sulph. had been left, and taking what he supposed to be a dose from a paper, swallowed it and again went to bed. At this dose he took three grains, as was ascertained by weighing what was left. By three o'clock when I saw him, he was comatose, his breathing stertorous, pupils contracted until not larger than the head of a small pin, and in a state of insensibility almost complete. I ordered a quart of coffee made from half a pound of the parched grains, which I administered per rectum in quantities of six ounces every ten minutes, having in the intervals the surface of his entire body vigorously chafed by friction from the rough palms of two stout men. Suddenly, and without giving any premonition of returning consciousness, after I had given the fourth injection, he sprang up to a sitting posture and stared wildly around him for a few seconds, and again fell back on his pillow. Those who were standing around, looked upon this as his death struggle, but my own attention was immediately arrested by the great improvement of his breathing which was now returning to its natural condition, and told that the remedy was rapidly taking effect and that the danger had past. His brother who had been crying over him since my arrival, witnessing this sudden and silent start, asked me to let him run for another Doctor to assist me, and would scarcely believe me when I told him he was now safe, and would soon be free from the effects of the medicine. In one hour from the time of the first injection, he had recovered so far from the alarming condition in which I found him, that I did not think it necessary to remain longer, and ordering two ounces of coffee, to be taken every half hour left him. I have thought worth while to report this case as it will show how much we may depend upon *strong coffee* in cases of poisoning by opium and its alkaloids.

Matt. Calvert, M. D.

Meridian, Miss., March 10th, 1867.

THE TRAVELING QUACK NUISANCE.

Editor Medical and Surgical Reporter:—

During the past year our city authorities, with a view to abate an increasing annoyance or nuisance, and to add something to revenue, passed an ordinance licensing foot and street pedlars, and all sorts of transient shows and cheats, who find the proper material for their operations only in towns and cities; but they omitted, or forgot, traveling, or stud-horse doctors. About the time the ordinance was published, bills and posters were distributed over our city by one of them, announcing that he would stand two days in each month in our city, during the next two years!!

Considering him, and such like, proper objects for license, several professional friends were consulted as to the propriety of uniting in petitioning our City Fathers to extend the provisions of their general license system to this class of travelling doctors. No agreement could be had, so that whatsoever was done, must be done by individual effort. Mentioning the subject to several councilmen, we found them, unexpectedly, very willing to pass such an ordinance. A rough draft of an ordinance was furnished one of them, and the ordinance as finally passed is appended. It

meets my approbation; but its value can only be tested by its practical working. If it is deemed a good precedent, please publish it, that others may know what has been done here, and improve on it. If it does not abate the nuisance of stud-horse doctors plying their vocation in our midst, it will, if enforced, at least, bring a little revenue into our city Treasury. Very Respectfully,

Z. C. McElroy, M. D.

Zanesville, Ohio, March 27th, 1867.

An Ordinance requiring transient or Travelling Physicians practicing in the City of Zanesville, to take out license therefor.

Sec. 1st. Be it ordained by the City Council of the city of Zanesville, that all transient or travelling doctors or physicians, plying their vocation in the city of Zanesville, whether in hotels, private houses or on the street, whether advertising or not, or using medicines prepared by themselves or others, or professing to cure disease by any application whatever, shall first procure from the Mayor of said city a license therefor.

Sec. 2d. The Mayor of said city is hereby authorized to issue the license named in the 1st Section hereof, upon the payment to him, for the use of the city, of the sum of five dollars for each and every period of twenty-four hours, or fractional part thereof, that such doctor or physician proposes to stay in the city, and if such person should prolong his stay for the purposes aforesaid beyond the time for which such license was issued, then upon prepayment at the same rate, a new license shall issue for such further time as the applicant shall then pay for at the rate aforesaid.

Sec. 3d. Any one neglecting or refusing to comply with the provisions of this ordinance, shall, upon conviction thereof before the Mayor, be fined ten dollars for each and every day, he, she, or they, shall have plied, or attempted to ply his, her or their profession or vocation in this city without such license, and shall stand committed in the city prison until such fine and all costs including those of the city prison, be paid.

Sec. 4. It is hereby made the duty of the city Marshall to see that the provisions of this ordinance are faithfully executed; and it shall further be his duty, whenever he shall find any such person or persons without such license, forthwith to cite him, her, or them before the Mayor to be dealt with as herein before provided, but the Mayor is also required to act upon the complaint of any other person.

Sec. 5. This ordinance shall take effect and be in force from and after its passage and publication.

Passed in Council March 25th 1867.

F. A. Thompson.
President of the Council.

Geo. G. Gibbons, City Clerk.

A SUBSTITUTE FOR THE STOMACH PUMP.

Editor Medical and Surgical Reporter:

In a Chicago paper of a recent date, there appeared a report of a suicide which took place in one of the hotels of that city. The unfortunate victim was a young woman who had been ruined by her lover and then abandoned. She came to Chicago, stopped at one of the hotels, and procured a quantity of morphia, which she took for the purpose of destroying herself. The reporter states that she was discovered a short time after she had swallowed the poison, and a physician was sent for. He came, and immediately discovered, from her symptoms and a paper marked "morphia," that she had taken a large quantity of that article. He said that her life could be saved, provided he could obtain a stomach pump. Accordingly policemen started out in every direction in search of an instrument of this kind. After a fruitless search, they returned and reported that there was not a stomach pump to be found in all that part of the city.

The Doctor said he could do nothing to relieve her without it, and consequently the woman died.

This case is a sufficient apology for calling the attention of the profession to a substitute for the stomach pump, which I once successfully used. The apparatus I have reference to consists of a common Davidson's India rubber syringe and a large size gum elastic catheter attached to it. By introducing the catheter (or what is still better, a stomach tube) into the stomach, and attaching it to one end of a Davidson's syringe, the stomach can be filled in a few seconds with water and and as quickly erupted.

I had occaion to use this instrument in this way in 1859. I was called to see a child three weeks old, to whom had been given by mistake, a teaspoonful of laudanum. I saw the child about ten minutes after swallowing the poison. Having no stomach-pump, and knowing there was none in the town in which I then resided, I thought of this expedient. I attached a large catheter to the *anterior* end or tube of the syringe and introduced it into the child's stomach. I injected about a gill of warm water into the stomach, reversed the syringe and pumped it out again. I continued this operation until the water brought from the stomach no longer had the smell of opium. The child recovered without a bad symptom. Now, what was done for this child might have been done for the Chicago suicide. A syringe, such as I have described, could have been obtained at the nearest drug store, had the physician ordered it. Perhaps a similar case may occur again, and a life be saved, and our noble profession obtain the credit for it, by remembering this simple way to contrive a stomach-pump.

R. W. Park, M. D.

Mobile, Ala., March, 1867.

News and Miscellany.

THE AZTECS.

The poor, deformed idiots who were several years ago exhibited in this country under the name of "Aztecs," have been for some time in Europe. The announcement recently that they had been married, has called out the following communication to the *British Medical Journal*, from which it would seem that they are brother and sister. Is there no law, either common or statute, in England, to prevent the cupidity of man going to such unwarrantable lengths as to allow idiots to marry, and they brother and sister?

THE AZTECS.

"Your account of the marriage of the Aztecs on January 8th, reminded me of some old papers in my possession, by which it would appear that they already held a near relationship together, if there be any truth in the following translation of a letter addressed to a friend of mine, a merchant of this city, connected in business with Central America, by a native correspondent, at that time in England. It is dated Manchester, 12th July, 1853, and signed by Pedro E. Rivaz, the writer.

I have read in the *Times* and *Illustrated News* to-day, the history of the Aztec children who have been presented to the Queen, and exibited to the public in the character of an existing race of Central America.

"All related therein is a fable, invented by their possessors for the purpose of their exhibition. The children in truth came from St. Salvador, of whom I am able to give the following history. The mother is a native of St. Salvador, and lives in a village near the city St. Miguel. When at St. Miguel in 1849, I met a friend of mine, named Raymond Silva, who, having heard of the peculiarity of these children, had conceived the idea of obtaining them for a speculation to exhibit them in the United States and Europe. By the use of some stratagem, possession was obtained of them, although the mother refused her consent. They were embarked at the port of the Union, and carried to Grenada, where they were confided to the care of Don Trinidad Salazar, who proceeded with them to the United States; and who, the better to carry out the enterprise, engaged as his partner a North American, living at that time at Grenada. When they arrived at New York, they met with various disappointments; but in the end arranged for Senr. Salazar to have the possession and the profits of the children.

"The next year, Senr. Silva, convinced of the great advantages the possessor of these children might reap, went to New York, and succeeding in reclaiming them; soon gained money by their exhibition. After a while, he parted with them for a certain sum of money to another person; but whether it was he who had them before or another, I do not know. These are the principal events that occurred at New York that year.

I have the strongest reasons for believing that these Aztec children are the same that I saw at St. Miguel, and that they have no pretension whatever to belong to any unknown race; but that their diminutive size is consequent upon a freak of nature, since their parents are of a well known race of native Spaniards, which is spread over the greater part of Central America, and this is confirmed by the personal knowledge I have of their mother. They are of the Roman Catholic religion, which is the only one in my country. I am native of Central America, and have never heard of any such mysterious city as Yximay, nor of any such degenerate race as that described. There is such a place as Cupan (called in the *Illustrated News* Coban,) and near it there are certainly ruins of most curious ancient monuments, but no mysterious city.

A NEW TURKISH BATH.

It is said that a new company is to be formed in New York City with a capital of a million and a half dollars, for the construction and operation of a large establishment for Turkish baths, capable of accommodating one thousand five hundred bathers per day. The building is to cover fourteen lots of ground. The operators are to be Turks, imported from the best baths in Constantinople and Smyrna; a first-class restaurant, billiard rooms, &c., are to be connected with the baths, and under the same roof. The originators of this enterprise purpose, we believe, to make it one of the chief objects of curiosity and attraction to visitors and residents of the city.

The above is all well enough except the "first-class restaurant, billiard rooms," &c., which would most assuredly degenerate into a "first-class" groggery, and the establishment thus be the means of doing much more harm than good.

A Literary and Medical Curiosity. The following is the title of an ancient and curious Medical work in the "Halsey Library" of the Western Theological Seminary of the Presbyterian church, in Allegheny, Pa. It is an exact transcript, and may be interesting to antiquarians and gentlemen of the Medical profession:

A Defensative against the Plague; contayning two partes or treatises: the first, shewing the meanes how to preserve vs from the dangerous contagion thereof: the second, how to cure those that are infected therewith.

Whereunto is annexed a short treatise of the small Poxe: showing how to governe and helpe those that are infected therewith. Published for the loue and benefit of his Countrie, by *Simon Kelwaye*, Gentleman. At London. Printed by John Windet, dwelling neer Powles Wharfe at the Signe of the Crossekeyes, and are there to be soulde. 1592.—*Presbyterian Banner.*

VIVISECTION.

The *British Medical Journal* says that private letters from Paris report that the authorities at Alfort are framing regulations which will materially restrict the practice of vivisection in the veterinary schools. If these restrictions should be applied, not more than one operation will be performed upon any animal; and such operations will be confined to the purposes of necessary physiological research.

—The acting Quartermaster-General, D. H. RUCKER, has issued an order authorizing officers of the Quartermaster's Department, in charge of the Government trains returning from the frontier and other remote points, upon the requisition of medical officers, to furnish transportation by such trains for collections of specimens for the Army Medical Museum, when such transportation can be furnished without injury to the public service.

FREEDMEN'S HOSPITAL AT NASHVILLE.—Some time since Major-General Carlin, Commissioner of the Freedmen's Bureau for Tennessee, appointed a commission to examine into the propriety of establishing a Freedmen's Hospital in the city of Nashville. After a full examination the committee have reported that such an institution is not only proper but necessary, and measures will no doubt, be promptly taken for its erection.

EARL BROWNLOW, whose death was recently announced from England, was an invalid all his life. He spent the winters in Madeira, and on going thence each season he used to discover individuals afflicted with the same delicacy of constitution as himself, but who could not afford the solace which wealth procured for him. These, sometimes to the number of thirty or forty, he prevailed upon to accept his "invitation upon a voyage in search of health, " as he delicately termed his kindness. From England to Madeira during the winter, and thence back to England, he took upon himself every possible charge of these poor people, including not only every enjoyment of which they were capable, but also the advantage of first-rate medical skill which was neccessary for his own case.

ASYLUM FOR INEBRIATES.

The trustees of the State Inebriate Asylum located at Binghamton, N. Y. have secured the services of ALBERT DAY, M.D., as Superintendent. He was the organizer and successful manager of the Washington House of Boston for the treatment and cure of inebriates. They hope to open the institution for the reception of patients about the first of May next.

MARRIED.

FRANCOIS—JEFFERS.—In Saugus Center, Mass., March 12th, by Rev. L. BRIGHAM, EDWARD A. L. FRANCOIS, M. D., and Miss REBECCA J. JEFFERS all of S.

HOPKINS—FORNACHON—In New York City, on the 30th ult., by the Rev. T. S. HASTINGS, GEO. HOPKINS, M. D. of Newburgh, N. Y., and Miss LUCIE FORNACHON.

RICHARDSON—PARKHISER.—March 14th, at the residence of the bride's parents, by the Rev. J. H. LOCKWOOD, Dr. J. P. RICHARDSON and Miss ANNIE E. PARKHISER, all of Clermont County, O.

DIED.

JONES.—In this city, March 28th, Z. RING JONES, M. D. aged 38 years.

MCPHAIL.—In Brooklyn N. Y., March 23d, Dr. L. C. MCPHAIL. Dr. MCPHAIL was educated in Europe, and at the close of his studies there entered the service of the United States, where he served with distinction, as the public records testify. Since his residence in Brooklyn, he had endeared himself to many by his genial manners, scientific ability, and Christian charactor. His loss will be mourned by a large circle of friends and admirers.

RICKARDS.—In this city, March 29th, Mrs. Rachel Ann, wife of Dr. Wm. M. L. Rickards, in the 43rd year of her age.

METEOROLOGY.

Day of Month.	Lowest Point.	Eight o'clock.	Twelve o'clock.	Barometer.	Three o'clock.	Depth of Rain.	Mean.	Wind and Weather.
18	17	27	29	30.2	30		25.75	N. W. Clear.
19	16	29	29	35	30		26.	N. W. Clear.
20	20	30	38	30.3	39	7-10	31.75	N. E. Cloudy.
21	28	32	38	30.2	37		33.75	N. E. Cloudy. Rain.
22	30	33	35	30	34		33.	N. E. Cloudy. Rain.
23	30	35	38	30.3	38		35.	N. E. Cloudy.
24	31	34	37	30.3	38		35.	N. E. Cloudy.

B. J. LEEDOM.

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THE

MEDICAL AND SURGICAL REPORTER.

No. 528.] PHILADELPHIA, APRIL 13, 1867. [Vol. XVI.—No. 15.

Original Department.

Lectures.

A LECTURE

ON THE HEREDITARY TRANSMISSION OF PULMONARY TUBERCULOSIS.

By Prof. A. P. Dutcher, M. D.,

Of Cleveland, Ohio.

There is no principle in medical science better established than the hereditary transmission of disease. Indeed it is an inexorable law of our being, and dates back to the fall of man, when the Almighty revealed to the race, that he would "visit the sins of the fathers upon the children to the third and fourth generation." Awful and impressive as this enunciation is, the warning is sometimes unheeded by the medical skeptic, and set at nought by those who are suffering its inflictions. Human nature is so debased; the influence of self-love so overwhelming and blinding to reason and judgment, that even while possessing numerous facts to guide them to the truth, thousands still resist the conviction, and suffer the penalty due to violated law.

It is true, as remarked by M. Renaudin, "that man appears to possess an independent existence, isolated from his birth from those who begat him, although there is but little apparent relation between his ripe age and first infancy; it is not the least true that behind the characters peculiar to his individuality, we can discover certain typical signs, some of which betray his nationality, and others relating to his family. These typical signs are to be encountered not only in his physical organization, but also found in his moral idiosyncrasies; and if tradition is of any force as regards manners and customs, inheritance is certainly of great value as relates to the tastes and habits. It is in fact manifested in transmission from generation to generation of the most inveterate maladies, before which art is obliged to confess its weakness; and it is with difficulty prophylactics ward off the sad results."

I. Hereditary Influence of Phthisis.

I know of no disease in which we have so marked an exhibition of the doctrine of hereditary transmission as the one now under consideration. It is the outstanding type of all others. Whatever is characteristic of hereditary transmission in other maladies, finds its counterpart in the history of this. Peculiarities of mind, special configurations of body or features of countenance, are not more decidedly transmitted from parent to offspring, than the constitutional taint of pulmonary tuberculosis. It is not, in my judgment, simply the influence of a temperament, but a settled inherent predisposition to the deposit of tubercle in the lungs, and is propagated from one generation to another with more frequency than any other disease. And I am well satisfied, that when the mode of keeping medical statistics in this country shall become more uniform and perfect, they will show hereditary predisposition, in at least one-half of all who perish with the disease.

As a general thing, pulmonary tuberculosis is more frequently transmitted to the younger than the older children of the family, and more commonly to the females than the males. In a table compiled from the Brompton Hospital Reports, London, I find that in one hundred cases of phthisis, the disease is transmitted by the father four times, and by the mother thirteen times. The reason for this may be found in the fact, that the females are more exposed to the same inducing causes as their maternal parent. I have known several families where the disease was confined exclusively to the females; the mother and daughters perishing with it, while the father and sons were exempt. We sometimes witness the same thing in cancer. I am acquainted with the history of a family, where for three generations, nearly every female died with the malady, while there was not an example among the males.

But we sometimes see children of a family perish with pulmonary tuberculosis, of which the parents exhibit no signs, when subsequently, the father or mother or both are attacked, and thus the departure of the disease, which exerts a

kind of anticipatory action in the offspring, is disclosed. Several years since I attended two young men in a family that was supposed to be entirely free from phthisis; they died with very pronounced symptoms of the disease. Their mother at the time of their death appeared to be in vigorous health. Six months subsequently she fell a victim to the same malady, thus exhibiting the existence of an hereditary influence, the effect of which had preceded the manifestation. Again, on the other hand, we frequently see whole families of children cut off with phthisis, whose parents have shown no signs of the disease, living to old age, and perishing with other maladies. I have the history of a family of twelve children, all of whom perished with pulmonary tuberculosis but one; the mother died with dysentery a few years since, and the father is still living, over ninety years of age.

You must not, however, infer from anything that I have said, that pulmonary tuberculosis, when produced by hereditary transmission, commences at birth; for I never met with but one case of congenital pulmonary tuberculosis since I commenced the practice of medicine, and this was in an infant of a prostitute, suffering with constitutional syphilis. The child died a few days after birth. It was supposed that she had poisoned it. But this was not verified by *post-mortem*. Its little lungs were uniformly occupied with miliary tubercles, about the size of a pin's head, from their summit to their base, constituting one of the most perfect specimens of this variety of tubercular deposit that I have ever seen. In most instances you will find that phthisis pulmonalis is developed by growth, or some other circumstance in life. A parent, for example, has it in middle life; his son does not get it until about the same period,—sooner or later. In this way the disease may remain latent for years before it is manifested. It has, however, been observed, that under the influence of hereditary predisposition, the disease manifests itself at an earlier age than that at which it is ordinarily developed independent of other causes.

Another interesting fact connected with the hereditary transmission of the tubercular predisposition is, that it may sleep through one generation only to awake in the next with redoubled energy. Dr. L. M. Lawson, says, "Every practitioner has met with numerous examples in which both parents were apparently free from taint, while their offspring suffered from tubercular or scrofulous affections; but on pushing the inquiry further, it would be found that uncles, aunts, or grandparents, had suffered from similar diseases. A young man, laboring under the precursory signs of phthisis, presented himself to me for treatment; and the history of the case revealed the fact that he had lost four sisters and two brothers with consumption, and he, the remaining child, was now threatened. His father died at the age of forty-five, without any signs of pulmonary difficulty; his mother, aged firty-five is living, in the enjoyment of good health. On further inquiry, I learned that the grandfather on the mother's side was said to have died of consumption of the bowels; and also, that his mother and sister died of consumption, and several of his brother's children perished in a similar manner. This is a very remarkable case. The maternal grandfather has some form of scrofulous or tubercular disease; but the daughter (mother of the patient) fifty-five years of age, and yet her *seven* children become the subjects of consumption; six die, and the seventh manifests decided symptoms of the approach of the disease."*

Again, we sometimes see individuals marry when actually suffering under the first stage of phthisis; and we have often known a single year to circumscribe the existence of one of the parties, and occasionally both. Not unfrequently an offspring is the result of this union, who is almost sure to fall a victim to some form of tubercular disease. Infants, as we have already remarked, very seldom die with pulmonary tuberculosis; the taint commonly manifests itself in the brain or bowels. In the earlier part of my practice, I had under my care a young man who gave every evidence of incipient phthisis pulmonalis. He inherited a predisposition to the disease from his mother. At a period of temporary improvement in health, he married a young woman of good constitution, having no proclivities to the disorder. He fell a victim to it five years afterwards. The results of this union were three children, all of whom perished when they were about a year old from tubercular meningitis. His wife subsequently married a man free from all tubercular taint; they had four children, and so far as I know, not one of them ever manifested a single symptom of tubercular disease, and I was the family physician for more than fifteen years.

But children so frequently perish with tubercular disease, whose parents never have exhibited any traces of the malady, that some medical skeptics like Dr. Walshe, of London, ignore any hereditary influence in the case. I have no sym-

* Lawson's Phthisis Pulmonalis, p. 187.

pathy with such teachers. I have not the least hesitation in saying, that there are few cases of tubercular disease in children, which cannot be traced directly to the parent as the source of its origin. It is true, that in every instance the parent may not labor under the tubercular diathesis, but he may suffer from other constitutional maladies, which are known to produce tubercular disease in children. How often do we see the offspring of those who have constitutional syphilis die with the most aggravated forms of tuberculosis? What vast numbers of children perish with tubercular meningitis whose parents are inebriates? All going to prove that the sins of the fathers are visited upon the children. Who will deny that even the secret vices and excesses of early youth, may not be attended by scrofula and phthisis in offspring? The mental and physical condition of the parent, at the time of conception, has a most powerful influence for good or evil upon the future destinies of mankind. Shakespeare appears to have had a vivid idea of this, when he put the following language in the mouth of Edmund, in King Lear:

"Why brand they us
With base? with baseness? bastardy? base, base?
Who, in the lusty stealth of nature, take
More composition and fierce quality,
Than doth, within dull, stale, tired bed,
Go to the creating a whole tribe of fops,
Got 'tween asleep and wake?"

If mankind were not begotten in the manner spoken of by the great dramatist, I most firmly believe he never would present himself before us in the degenerated physical and mental condition that he does; his nervous system would never be so early and irregularly developed, as to make his subsequent life a curse to himself, and full often present him to our view, a driveling idiot, the wretched victim of insanity or of tuberculosis.

II. How to Prevent the Transmission of Phthisis.

It is the settled conviction of some of our best medical writers, who have expressed an opinion on this subject, that the hereditary predisposition to tubercular disease can in a great degree be prevented by attention to the laws of health and matrimonial alliances of successive generations. "If," says Sir James Clarke, in his elaborate work on consumption, "a more healthy and natural mode of living were adopted by persons in that rank of life, which gives them the power of choice, and if more consideration were bestown on matrimonial alliances, the disease which is so often entailed on their offsprings might not only be prevented, but even the predisposition to it extinguished in those families, in the course of a few generations."

The propriety of avoiding intermarriages with those families who give evidence of being tainted with the disorder, will not be questioned by any who has made the subject of phthisis a particular study. I think we should boldly protest against every union which will have the slightest tendency to entail on posterity this fatal and dreaded disease—God and humanity require it. The physician is the guardian of the public health. His mission is to prevent as well as cure diseases. It is with the living, moving, present race, he has to do; with a being who contains within himself the germ of the highest mental and corporeal excellence. Alas! that the web of depravity and ignorance, that has so assiduously been wound around him, even from his earliest existence, should have so long opposed his physical and moral regeneration.

I have often felt in my intercourse with mankind, that it was almost a fruitless task to advise the practice of reason and common sense to those who were about to enter into the matrimonial state, especially to those who believe that love is invincible and uncontrollable; yet I have occasionally seen it attended with good. We know that all our passions are apt to take on morbid action by over excitement. This is especially the case with love as it relates to the sexes. When an individual is thus affected, there is a peculiar overpowering influence that takes possession of the mind, which is fruitful in sighs, tears, and sleepless nights, caused by a pretty foot, a keen eye, a winning smile, or a tender expression; and one thus affected deems himself most desperately and irrecoverably in love. But, unless the being after whom he sighs happens to possess some of the standard excellences of character, he will perhaps find, when too late, that he has entered upon a course from whence there is no retraction. How often is it the case, that those who have been once as blind as the little god himself, are at length aroused from their sweet dreams of fancied bliss to the sad realities of wedded unhappiness.

But he is not often the only sufferer, others reap the fruits of his errors; posterity have a greater interest at stake than is often supposed, and which is still less oftener consulted. Suppose a couple, both the branches of a stock affected with tubercular disease, fall desperately in love, and there can be no objection to their union in respect to the moral worth of either party; is marriage, with their predispositions to the disease, justifiable or expedient? Or, in other words, will they be excusable for knowingly entailing such a fatal malady upon posterity? Are they

excusable for perpetuating a disease that blights the fairest prospects of the race, and consigns so many to a premature grave? It would be better for them to suffer in their feelings, than that a numerous progeny should endure the ills of this wasting disease. Such reflections and sentiments enunciated by the scientific and upright physician, enforced by the spirit of truth, must touch the very heart; they cannot fail to reach the conscience. Reason would follow the dictates of conscience, but feeling, passion, and self-love, prompts to a violation of moral and organic law.

I am well satisfied, from my own personal observation, that there is no relation in life which contributes more to the happiness or health of mankind, when judiciously formed, than matrimony; and yet, strange to say, we frequently see individuals enter into it with as little reason as if they were incapable of it. Passion rules the hour, and when blinded and maddened by its influence, they hurriedly enter into this important relation; and it is a truth which cannot be denied, that very many of these marriages formed in haste, when the parties are intoxicated with passion, are insensible to everything but its influence, end in mutual coldness, disgust, and faithlessness to the marriage vows.

It is true, a couple for a time may live on little else than love, but if there is a great inequality in temper, disposition, or education, or if the habits of living of one or both have been much more expensive than their means will warrant in the new relation they are about to form, they may well ponder the step they are about to take. Marriage alone does not confer happiness, but when formed with due reflection and proper principles, it will result in prosperity and be followed by the most enduring affection.

III. The Medical Management of Individuals who have a Hereditary Predisposition to Phthisis.

Under the term *medical management* we include both hygienic and therapeutical measures. As we cannot prevent phthisical individuals from getting married and having children, we will often be called upon to give instructions as to the best mode of rearing them. Those who are wise will be guided by our advice, those who are not will neglect it, and as a consequence, see their offspring fill a premature grave.

In this case medical management cannot commence too soon. It should be begun in early infancy where the slightest tubercular taint is manifested in the parent, and there is well grounded fear that it inherits the same habit. The health of the mother during the time of nursing is a matter of great importance, everything to promote it should be rigidly insisted upon. The means to accomplish this have already been pointed out in another lecture.

The greatest care should be taken at all times that the child is provided with sufficient nutriment easy of digestion, excessive repletion being carefully avoided. The health of the digestive organs must be faithfully watched, and everything that disagrees with them strictly prohibited. The apartments in which it is kept should be well ventilated and of a moderate temperature; extremes of temperature should at all times be avoided.

When the weather permits, it may be daily exposed to the outer air; bathing and all the other means of hygiene should be attended to as the nature and circumstances of the case may demand. When the child arrives at that age when it is capable of taking exercise, it should be encouraged to engage in active sports, such as jumping, playing ball, and the like; but excessive indulgence should be avoided. The training of the mind should also keep pace with the body, but in no instance should it interfere with a full share of bodily exercise.

As puberty approaches, the greatest watchfulness should be had, that during this interesting period no bad habits be acquired—especially solitary vices, which expose the system to various derangements of health and diseases of a troublesome and often fatal character. Walking and riding on horseback or light gymnastics, and the use of the tepid or cool bath, as personal experience may indicate, are now to be regularly and systematically practised. There are few things which contribute so much to the health and vigor of the human body as a clean skin. Few persons have any idea of the vast amount of effete matter that is constantly eliminated through its pores; when these are continually obstructed the system can never be in perfect health. See to it then, that it is thoroughly cleansed every day.

The exterior of the body should also be well protected from vicissitudes of temperature by suitable clothing. Flannel beyond all question is the best material for this purpose, and in a climate like ours, where it does not positively disagree with the skin, it should be worn by every one who is in the least degree predisposed to phthisis. Keep the exterior of the body clean and warm, and there will not be much danger of internal inflammations and fatal congestions. I am well satisfied that if more attention was paid to the clothing of children, among even the

wealthiest class of the community, who have it in their power to dress their offspring as they please, the mortality of the race would be very much lessened. Croup, broncho-pneumonia, and some other diseases which so frequently demand the aid of the physician, would be exceedingly rare. But so long as society continues to be governed by the frivolities of fashion in the matter of dress, we cannot expect parents to be governed by the laws of nature or reason on this subject. Hence the necessity in this instance of enforcing our advice with special emphasis.

As youth is the period of rapid development and growth of all the physical powers, the system constantly requires an abundance of pure blood, and this cannot be supplied without good and wholesome food. This should be regularly furnished, in which a fair proportion of animal matters enter, including beef, mutton, eggs, or milk, should be allowed; if there is debility and inactivity of the digestive functions, they should be remedied by some of the bitter tonics, or if there be anemia, some of the preparations of iron may be used with advantage. This condition of the system occurring at this particular period of life should receive our special attention. If it be a fact, that tubercle is formed in consequence of a depraved condition of the blood, it should be our constant endeavor to impart such a degree of tone to all the organs as shall be most likely to conduce to the elaboration of food into good blood, and then the equable distribution of this blood to all the tissues so that they may be perfectly nourished. In this way we may reasonably hope to counteract the tubercular diathesis and increase the aggregate of human life.

Communications.

MISTAKES IN SURGICAL DIAGNOSIS.

By Stiles Kennedy, M. D.,

Of Delaware.

Art. III.—Hemeralopia.

During the summer of 1864, several cases of hemeralopia were brought to my notice in Gen. Clingman's North Carolina brigade. I had never met cases of this disease before, and as the profession had adopted no pathognomonic signs for my guidance in detecting it, I was left as much in the dark as my patients were. They were examined by several surgeons, but no one was able to say whether any certain case was a hemeralope or a malingerer. While we were discussing and treating a few cases at the infirmary of Hoke's division, the disease was spreading in the trenches, and became a serious matter. The officers and men soon found that if the surgeons could detect the disease at all, it was a very difficult task, and this contributed to the number of cases.

At this juncture Gen. Hoke issued an order to the effect, that all cases of this kind occurring in his division should be turned over to myself and Dr. Alexander Rives, a young surgeon of marked ability, now of Memphis, Tennessee.

Putting aside any feelings of pride that would naturally arise from the fact of being selected from a body of twenty surgeons for the purpose of making this investigation, I may say for myself and Dr. Rives also, that we were very glad to have this opportunity of close examination and study of a disease altogether obscure in its cause, pathology, and treatment, and we were in high hopes of being able in a short time to throw some light on this strange disease.

The usual preparations, such as tents, rations, medicines, etc., were soon made, and we began our labor with much zeal. A blank book was procured for recording the cases, and this was the most faithfully kept "record of cases" I have ever seen anywhere or at any time, under any circumstances.

The examinations were the most rigid I have ever made, either before or since. The most trifling matters that might possibly have the remotest bearing upon the case in hand were carefully noted. After an interval of several days, the cases were re-examined, and the difference in their statements, if any existed, accurately stated.

After much patient inquiry and close observation, we finally arrived at the following conclusions. That the disease was produced essentially by disorder of the alimentary canal, affecting indirectly the visual nerve.

In nearly every case *chronic diarrhœa* was either present or had been a short time previous, and where the diarrhœa had been checked, anæmia or biliary disorder, or both still remained. In a very few cases *constipation* had been troublesome, and in a few others no antecedent disease could be traced.

Whenever any doubt existed as to the statements made by a patient, the commanding or other officer of his company was requested to certify to the truthfulness and good moral character of the man; in fact, nearly all of the cases furnished this.

All attempts to discover any change in the organization of the eye itself failed. It was in

all respects apparently a physiological eye, unless in a few cases, the clearer white of the sclerotic coat in the anæmic, and the slight yellowish tint in the biliary cases be noted.

The treatment was entirely successful, and consisted in removing the cause by appropriate remedies, the administering of tonics in full doses, with as light and nutritious a diet as we could procure. We found this sufficient—in cases not too much reduced—to restore the patient in two or three weeks. When it appeared to us that the patient would not recover in that time, he was furloughed for thirty days. The change of air, diet, etc., never failed to restore a single case in that time, that I am aware of.

In about two months the number under treatment was reduced to four, for most of the applicants for admission had been lately, and were being now rejected, believing them to be malingering.

Of the remaining four, however, there was in my mind no doubt but that hemeralopia was present.

Two of them had been marched with their companies at night a score of times.

They were always led by some comrade, and sometimes when they would fall into the hands of a comrade who did not "believe in his disease," they would get some terrible falls over stumps and down gullies; and finally after their whole regiments were satisfied of the presence of the disease in question, they were sent to the infirmary.

The other two were entrenched behind certificates of good moral character and passed the rubicon of examination. The four were under treatment only a few days, when they were sufficiently restored to allow them to desert *on a rainy and very dark night!* Thus ended that branch of one of the finest field infirmaries in the southern army.

How many times I had been cheated I do not know. How many poor fellows I sent back to the trenches, while I ought to have put them on tonics and good diet, I never want to know. I believe most of the cases under treatment were genuine cases of night blindness, most of them were doubtless only slight attacks, but fulness of vision is so necessary to the duties of a soldier, that the slightest disorder of that sense was sufficient to create alarm.

A more direct cause, which affected specially the organ itself, was the constant "straining of the eye" on some dim uncertain object in the distance, or on some imaginary sharpshooting enemy close by.

This searching gaze for weeks and months, with the debility from diarrhœa, bad and illy cooked food, damp trenches, confined air, dirt and filth, undoubtedly produced the disease. Relief from trench duty would, of itself, relieve the patient, and the tonic and dietetic treatment only accelerated the recovery.

But how to diagnose hemeralopia is a field still open for cultivation.

DEFECTIVE AND IMPAIRED VISION,

With the Clinical Use of the Ophthalmoscope in their Diagnosis and Treatment.

By Laurence Turnbull, M. D.,

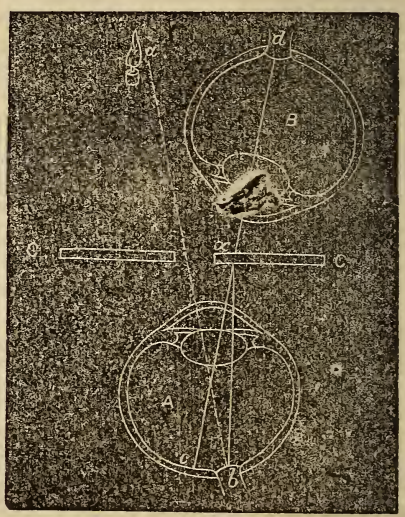
Of Philadelphia.

(Continued from page 412, vol. xv.)

Aut-Ophthalmoscopes.

We now come to a form of ophthalmoscope by which physicians can examine their own eyes and determine their condition, for like all departments of medical study, the physician often suffers from disease of the very organs to which he devotes so much attention. The first complete instructions for self-examination with the ophthalmoscope were given by Prof. Coccius, whose statements are here followed, as shown in Fig. 5.

Fig. 5.



"The left eye *A*, here sees its own optic nerve in the image *B*, afforded by the almost perpendicular mirror *C*. *a* shows the position of the light, rays from which, following the direction of the dotted line, fall upon the optic disc. *c* is the macula lutea of the left eye, which sees the image of its optic nerve at *d*. In accordance with the principles which govern the action of plane mirrors, the image *B* presents an appearance as if the obser-

ver, with his left eye, were looking at the right eye of another person. The ray *b*, proceeding from the optic disc to the mirror, is reflected, near the margin of the central perforation, at an angle equal to that of its incidence, and returns to the macula lutea at *c*. If the line *cx* be prolonged to *d*, a point as much behind the mirror as *c* is in front of it, will indicate the apparent position of the reflected image."

In commencing the examination, the mirror is held perpendicularly before the eye, close to it, and in such a position that the optic axis is directed to the inner edge of the central perforation. A wax light should then be placed behind the mirror, in the continuation of the optic axis, so that the inner edge of the mirror, the flame, and the optic axis are all in one line; the mirror is then inclined at a small angle from the eye, (from the temporal side,) upon which an image of the flame becomes visible in the mirror, close to the actual flame itself, and deviates inward from the latter (toward the nose) as the inclination of the mirror is increased. A slight movement, which allows the image of the flame to deviate somewhat upward and inward, will then bring the reflection of the optic disk and vessels into view.

In order to follow the course of the central trunks, which mostly proceed upward and downward, it is necessary to guide the image of the flame upon them—after having first diminished the light by the interposition of a strong concave lens, or of a diaphragm with a small perforation.

For complete and thorough self-examination, with the ophthalmoscope, of the optic nerve, retina, and choroid, it is necessary to dilate the pupil, to use the lamp for illumination, and to place a convex collecting lens behind the mirror. Coccius employs a steel plane mirror with a sharp-edged central perforation, and recommends, according as the observer can bear more or less dazzling, (which cannot be entirely obviated,) a collecting lens of from 2″ to 3″ focal length. The dazzling will then not be greater than that which is experienced in being examined by another person, with an object lens of 2″, for the inverted image.

The best view of one's own fundus is obtained by holding, with the free hand, a convex lens of 2″ or 3″ focal length at from 1″ to 2″ behind the mirror; or a weaker lens, of from 4″ to 6″ focal length, close to the lamp.

For self-examination of the refracting media, Coccius employs with greater success two mirrors, in the manner first proposed by Seydeler. After having dilated the pupil of the eye to be examined, a perforated plane mirror is placed before the other, and so inclined that its image of the flame is reflected by the second large plane mirror upon the eye under examination, an illuminated image of which will then be seen in the second mirror. If it be desired to inspect the media of the left eye, the perforated mirror is therefore placed before the right eye, and so directed that its image of the flame falls upon the second mirror at a proper angle to be reflected into the left eye. As soon as this is the case, the right eye, through the opening in its mirror, will see the illuminated image of the left eye in the second mirror.

In order to test accurately the transparency of one's own crystaline lens, Coccius employs as his second mirror a concave of 4″ or 5″ diameter, and 20″ or 24″ focal length. The lamp is best placed laterally in front of the eye to be examined, which must be screened from its direct light.

As advantages of autoscopy, Coccius points out that the examination affords proof, by allowing the red vessels to be seen when either no part or only a part of the flame itself is visible, that the fibrous layer (of the retina) is insensitive to light, and that the bacillary layer is not a simple catoptric apparatus; since, if it were so, the experiment would not succeed. It allows, moreover, of simultaneous subjective and objective examination, since the light from the optic nerve and its vessels is partly distributed upon the contiguous portions of the retina, and being perceived by them, is by our imagination transferred to the blind spot. Further, it may be observed that near the borders of the optic disc the light of the candle-flame begins to be more white, in consequence of the deficient choroid no longer returning red rays. Lastly, it is of great interest to observe precisely the boundary between the bacillary bodies and the optic nerve. A small ring at the margin of the optic disc is well known to be sensitive, and it certainly is so as far as the bacillary bodies extend.

The autoscopic examination teaches the observer that the subjective image of the candle-flame is abruptly cut off where the clear objective image ceases. The knowledge of these circumstances and an exact acquaintance with the optic disc of one's own eye, the difference between veins and arteries, the form of the nerve and its physiological boundaries, are all of great assistance in the recognition of disease, and afford a standard of the natural appearance of the disc, in respect of color, condition of surface, and other particulars.

The discovery of the nerve in the eye of another person is also facilitated by the practical knowledge gained upon oneself, that its position is not central, but somewhat below the horizontal meridian of the eye. (Zander, translated by Carter.)

The aut-ophthalmoscope of Coccius is now sold in a very simple form. It consists of a brass tube 5½ centimetres in length, and 3 centimetres in diameter, closed at one end by a plate perpendicular to the axis of the tube, in which is set a plane mirror of highly-polished steel, 2 centimetres in diameter, with its reflecting surface turned outward, and with a central perforation 3 millimetres in diameter. The tube is blackened within, and carries at its other extremity a 3″ bi-convex lens, covered by a metal plate having a circular eccentric perforation, with a diameter of 12 millimetres, that extends from the centre of the lens to its circumference. With a very little practice and tact, the optic disc can be readily brought into view; but an examination of the whole fundus oculi is difficult and tedious. The field of vision is very limited indeed, and the eye has to be turned in all directions and examined bit by bit, in order to see as large a portion of the retinal surface as can be scanned at one glance in the eye of another person. Moreover, the principle of the apparatus renders it impossible to see the macula lutea. Many of these disadvantages have been obviated by the invention of the instrument which we shall describe in our next paper.

THE ETIOLOGY OF SPECIFIC DISEASES.

By W. R. Chisholm, M.D.,
Of New Bedford, Mass.

(Continued from page 255.)

Let us now examine in detail the principal phenomena of *epidemic diseases*, and see if our theory of their cause will account for them.

Epidemic diseases are numerous and various, but each has its marked individuality, which never changes. No *single* agent, then, can cause them; for it is a law of nature that a cause operating upon like bodies under like conditions, will always produce the same effect. Thus a single agent can cause but one disease.

As epidemics are a *class* of natural effects, numerous and various, yet having certain characteristics common to them all, they must be caused by a *class* of agents having similar characteristics. In the organic world, especially in that portion of it revealed to us by the microscope, we can find just such a class, *and nowhere else in nature.*

Epidemics are *infectious*, and it is difficult to conceive how infection can take place without an increase, by reproduction, of the agents which cause the disease. Having the power of reproduction, then the causes of epidemics *must be* living organisms, to which, exclusively, belongs the function of generation.

Epidemic diseases have a *period of incubation*, varying from two days or less, to three weeks or more. If they are caused by any agents not possessed of vitality, as an inorganic poison for instance, why do not these agents act sooner? Is any poisonous drug known which produces no effect upon the human system until three weeks after it is swallowed? Can we conceive of any meteorological element requiring three weeks to affect the system? No; drugs, heat, light, wind, rain, and electricity, affect us immediately or not at all. But let us suppose that *living germs*—the spores of a fungus, or the eggs of an animalcule—are quietly deposited in the system and there left to *incubate*. How readily the mystery is solved, and how appropriate the term "*period of incubation*," which man has instinctively employed without realizing its full import!

Epidemics usually travel from east to west, or *against the prevailing winds* outside of the tropics. It is evident that any inanimate matter would be carried about by currents of air, and thus epidemics would travel *with* the prevailing winds, and not against them. We can only account for their general course, by supposing that their germs are endowed with locomotive powers, or that they are transported by man. The first hypothesis may be true in the case of a few diseases, which, like some influenzas, sometimes suddenly appear over a whole country and affect a large number of persons simultaneously; but probably in most cases the germs of epidemics are transported by man, and go west because the general course of commerce is in that direction.

Fortunately, this is especially true as regards the more formidable epidemics, such as the plague, cholera, yellow fever, European typhus or ship fever, etc.; and thus it is in the power of man to prevent these diseases from spreading, by isolating all infected persons, with their baggage and goods, and allowing no communication with infected districts. To be efficient, however, quarantines ought to be such as to render it *impossible* for any person to slip through without detection; and the penalty for *attempting* to slip through or evade them, ought to be so terrible, and so swiftly and surely enforced, as to deter all but the most reckless from making it.

An inefficient quarantine is a great evil; but

all quarantines can be made efficient, and then they will be invaluable institutions.

No matter how long an epidemic is kept out of a country, if it is finally admitted it will claim its full complement of victims. During the past year we saw the cholera held at bay for several months by an efficient quarantine at New York, and we all hoped that the pestilence would not gain a foothold upon our shores. At length an individual escaped from quarantine and carried the infection to the city, and the result was, that in *four months*, ending Dec. 1st, over 10,000 deaths from cholera were reported in the United States. Many of our cities spent large sums of money for cleansing and draining, and in abating nuisances, with the object of warding off the disease; but, once admitted, it laughed at so-called "hygienic measures," and claimed its quota of victims.

The failure of the quarantine at New York last summer is particularly unfortunate, because the fact is made use of as a powerful argument against the system, not only by those who honestly believe that all quarantines are and must ever be worthless, but also, by those who oppose the system from some selfish interest and not from principle.

Epidemics have a more or less well-defined *limit of duration* in a community. Commencing with a single victim, they progressively increase in force, attacking a larger number daily, until they reach their culminating point, when they more or less rapidly decline and disappear, having, perhaps, in the meantime, spread to other localities.

Of all the phenomena attending epidemics, this is the most difficult to account for. It is much more marked in some diseases than in others, but it appears to be a law of all *active* epidemics. Can we explain it?

First, let us remark, the very existence of such a law proves that the causes of epidemics cannot be particles of inanimate matter diffused through the air like dust. If they were, they would be blown about in clouds, which, falling upon a city, would affect all the inhabitants simultaneously. Perhaps there are diseases that are caused by such inanimate particles, but if so, they are not and *cannot be infectious*, and therefore they are not epidemic; for no disease can properly be classed with epidemics. except it be infectious. All diseases of the human race may be said to be "upon the people," but they are not all epidemics in a scientific sense.

Restricting, then, as we ought, the meaning of the word epidemic so as to include only infectious diseases, we may assert with confidence, (for we have nature's laws to guide us,) that the material cause of such diseases *must be organic and vitalized*, because it must somehow increase and multply.

But what limits the duration of an epidemic? Why should a disease which increased when it was feeble, decline when it has grown powerful? A large majority of the people are usually left unaffected, and observation shows that it is not because these persons are not susceptible to the disease, for it frequently happens that individuals who have passed unscathed through an epidemic in one town, are shortly afterward attacked by the same disease while travelling or residing in another town. During the past autumn, citizens of New York who remained unaffected in that city all through last summer while the cholera prevailed there, died of that disease in some of our western and southern cities.

Again, epidemics sometimes return after a few weeks or months, and carry off more victims than on their first visit. It is evident, then, that epidemics do not *always* leave a city or town for want of victims.

There must be something in the *air*, which first admits an epidemic in any place, and then limits its duration. Unless the germs of a specific disease are present, I firmly believe that no condition of the air can *cause* that disease; nor do I believe that any meteorological element, nor any amount of filth can *generate* such germs without a parent germ to start with. But certain elements are undoubtedly essential to the life of these germs, and if those elements are not present the germs cannot exist. Thus, two conditions necessary for yellow fever are warmth and moisture; but it is clear that these two elements cannot *cause* yellow fever, although they are essential to the life of its germs.

But there must be some other element in the air upon which the duration of yellow fever depends, or of course the disease once started would continue as long as these elements were present, and there were any susceptible persons left in the community. The fact is, however, that the disease *always declined* after a period which seldom exceeds three months, even in the tropics; and all the facts go to show that its duration is not limited by any meteorological element in tropical countries. A sharp frost will always stop the disease, but frosty weather is unknown in the tropics.

The element which we suppose to be essential to the life of the germs of an epidemic, appears to be *exhausted by the disease itself*, in all cases.

Is it not probable, then, that that element is *food*, and that the germs consume it?

Admitting the truth of this hypothesis, we see the true meaning of the phrase, "epidemic constitution of the air." It means air so constituted as to sustain the life of the minute organisms which cause the epidemic.

It may yet appear that the epidemic constitution of the air depends mainly upon the *soil;* and if so, it will sustain our theory, for the character of the soil determines mainly the abundance of animal and vegetable life.

This hypothesis readily explains why some towns suffer severely, some slightly from an epidemic, while others escape entirely. We see why the cholera avoids primitive regions, where the soil is barren, as in New England, and rages with such violence in the rich valleys of our western rivers, where the geological strata are of a more recent formation. But while the cholera evidently prefers a rich soil, there may be, and probably are other diseases which find their proper food on a barren soil.

We see now why the typhus fever of Europe—that formidable pest, known in this country only as ship fever—has never gained a permanent footing in this country, although it has been brought to our shores repeatedly.

This hypothesis also explains why the cases of disease usually decline in severity as the epidemic declines. The living germs gradually decline in numbers, and in individual power, as their food fails.

Epidemics manifest a remarkable *power of selection.* In other words, *they choose their victims!* The measles, hooping-cough, and scarlet fever, attack children mostly. It was formerly supposed that as these diseases were extremely infectious, almost every person was attacked early in life, and none of those were liable to take the disease on coming to adult age, because the diseases are non-recurrent. But croup may return repeatedly, yet it is seldom seen in the adult; and diphtheria, which is entirely new to the present generation, has everywhere, since its first appearance, chosen a large majority of its victims from among children.

Cholera is most fatal to the black race, while that race is almost entirely exempt from yellow fever, which is so fatal to white men.

Yellow fever also finds its victims among the most robust and plethoric, while some other diseases attack first the weak and debilitated.

During the prevalence of the plague at Alexandria, in 1835, the European residents suffered only in the proportion of 5 per cent., while the Arab population suffered in the proportion of 55, the Malays 61, and Negroes and Nubians 84 per cent.

How can we account for this choice of victims manifested by various diseases, unless we admit that they are caused by living animalcules? Insects manifest a similar choice, and it is well known that some persons may handle bees with impunity, while others are quite sure to be stung if they go near their hive. Langstroth, in his most interesting work "On the Bee" says, that he thinks the bees sting those persons who, in consequence of ill health, or neglect of personal cleanliness, have an odor which is offensive to the delicate sense of smell possessed by these insects. He found that when in good health, if he took a bath and then put on fresh clean clothing, he could freely and safely handle his bees; but if he was suffering from a cold, or from indigestion, he was obliged to exercise care in handling them, or they would sting him.

There are persons who are never annoyed by mosquitoes, and others who are never bitten by fleas.

This leads us to consider what has been called "*the predisposition to disease.*"

During epidemics some individuals escape entirely, even though exposed to infection. We say of such persons that they were not predisposed. There are persons who cannot be vaccinated, and we account for it(?) by saying they are not predisposed.

But *why* not predisposed? What constitutes predisposition?

Diseases not only confine themselves to particular species, as I have attempted to show, but also in many cases to particular *organs* of the individual attacked. Cases need not be cited in illustration, for the fact will readily be admitted. It is probable also that some particular element of the body,—some fluid perhaps,—is the pabulum sought for by the germs of epidemic diseases.

Upon the presence of this fluid in the human system, depends, no doubt, the predisposition to the disease.

In non-recurrent diseases, this fluid or pabulum is exhausted by the first attack.

Some persons may be born without the pabulum of scarlet fever, and if it is never developed in the system, they could never take the disease.

This hypothesis explains why diseases of the mucous membrane are never non-recurrent, but may recur any number of times in the same individual, and why they have such a tendency

to become chronic, and are then so difficult to cure.

Mucus is a fluid necessary to the system, and is always to be found wheverer there are mucous membranes; consequently the germs of a disease subsisting upon it must always have an abundant supply of food.

Finally, epidemics perpetuate their species, each species manifesting a tendency to adhere to its original type. So always do living organisms.

Thus we have endeavored to show that the phenomena of epidemics are readily explained by the theory that they are caused by living organisms.

[To be continued.]

Hospital Reports.

Jefferson Medical College.

Surgical Clinic of Prof. Gross.

Reported by Dr. Napheys.

Bony Anchylosis of Knee.

Joseph Z., æt. 22, single, farmer from New Jersey.

At Fort Fisher, January 18th, 1865, while serving as a marine in the United States Navy, he was wounded in the left knee by a grape-shot, which struck him when lying down, near the inner condyle of the femur and passed through the articulation. He was sent to the Portsmouth Naval Hospital, whence he was discharged the following 28th of June, with his knee perfectly stiff and flexed at a right angle. Afterward there was a constant discharge and the passage from time to time of pieces of bone from the part, the last fragment coming away in June, 1866.

When he presented himself at the clinic he had bony anchylosis of the left knee, and the leg was flexed at such an angle with the thigh that the distance between the heel and the corresponding buttock was only seven and one-half inches.

The operation consisted in breaking up the extensive osseous adhesions by means of perforators and other instruments. The ham-string muscles were divided subcutaneously. The limb was then bandaged throughout its whole length. It was afterward placed upon a double inclined plane with a screw arrangement, so that it could be gradually brought down.

About two months after the operation the limb was straightened sufficiently to enable him to rest on the ball of the foot, which is all that can be desired. The heel is somewhat elevated; it will be brought down at some future time by dividing subcutaneously the tendo-Achillis. He walks readily by the aid of a cane.

April 1st. The patient writes that he has good motion of the ankle-joint, and walks with increasing ease and comfort.

Hydrocephalus.

Emma P., æt. 19 months. The mother states that the head has been large since birth. The probability is that the affection was congenital. The head is very much increased in size over that which is natural to a child of this age, and forms a striking contrast to the face and rest of the body. There is probably nearly a quart of fluid in the brain, of a peculiar character, perfectly limpid, slightly saline in taste, and non-coagulable, differing in this respect from the albuminous fluid of hydrothorax, ascites, and hydrocele. The water is contained in the ventricles, and the lobes of the cerebrum are expanded, unfolded as it were. The fontanelles as well as the sutures of the skull are open.

How this fluid originates, it is impossible to determine. It may be supposed to be owing to the fact that the absorbents are not capable of taking up the cephalic spinal fluid, that there is a predominance of secerning action furnishing an amount of fluid over and above that which the absorbent vessels of the brain and arachnoid membrane are capable of absorbing.

The child is able to nurse, still taking the breast. The intellect is of course seriously impaired. The life of the child is automatic, vegetative.

A child affected in this way may live for many years, attain an age of sixteen, twenty, or even forty years. But this is uncommon; generally death occurs within a comparatively short time, within from eighteen months to three years.

The circumference of the head is twenty-three inches; it measured seventeen and a half inches when three months of age. The pupils are contracted. The child does not walk any, is not able to hold its head up It passes water about eight times in the twenty-four hours, so that its bladder is somewhat irritable. Bowels costive, being moved only twice in a week. Whenever the brain is laboring under compression from any cause there is invariably torpor of the bowels as a natural consequence.

In regard to treatment, very little is to be done in cases of this kind, even if they fall into the hands of the practitioner at an early period. Prof. Gross has thought that he has derived advantage from the use of the iodides in combination with mercury, as one half a grain of the iodide of potassium, with one twenty-fifth of a grain of bichloride of mercury, three times in the twenty-four hours, applying sorbefacient ointment to the scalp, previously shaved, as the ointment of the biniodide of mercury very much diluted, or the common mercurial ointment, stimulated with camphor or the dilute tincture of iodine, one part to four or five of alcohol, painted on once every other day. Mild aperients may be given but active purging should be avoided. The nourishment should be ample but non-stimulating, because the object is, to keep the secernent action of the brain and arachnoid membrane in abeyance to enable the absorbent vessels to perform their functions with abnormal activity if possible. Compression has been used by means of apparatus and of adhesive plasters. The gum ammoniac and mercurial plaster might be used,

strips being placed around the head after the scalp has been properly shaved. But in an advanced stage of the disease but little benefit is to be expected from such treatment. As respects paracentesis, this operation has been performed very frequently.

Dr. Conquest, a London physician, reported many years ago, some sixteen or eighteen cases of this disease, nearly all of them successfully treated by puncture of the cranium, withdrawing portions of the fluid from time to time. Such statistics are unreliable and have not been confirmed by other operators. Immediately after a portion of the fluid is removed, there is collapse of the brain in consequence of the withdrawal of its accustomed stimulus, uncontrollable convulsions ensue, and in all likelihood death in a short time.

Mammary Abscess.

Mrs. E., æt. 22. She has an affection of the breast, which came on immediately after the birth of her child two months ago. It is very sensitive, the very approach of the finger gives pain. The skin is congested and the nipple depressed. There is distinct fluctuation. Appetite poor; great deal of fever at times, especially in the evenings. She has abscess of the mammary gland. If the abscess is at all extensive the constitutional phenomena are proportionally great, the patient becoming emaciated and sometimes seized with hectic fever.

The subjects of mammary abscess have usually small, badly developed, and tender nipples. When the child is put to the breast the milk does not flow readily, the child has great difficulty in accomplishing its purpose, and in consequence, the pressure of the gums and tongue is much greater than in ordinary cases, thus increasing the tenderness of the nipple. The child will also seek the nipple which affords the greatest amount of fluid with the least effort, and thus cause an accumulation of the milk in one of the breasts. This retention reacts upon the lacteal ducts and thus inflammation is excited. It frequently happens that the patient is neglected, the secretions are allowed to become disordered. The result is that the irritation is not only kept up, but increased, and ultimately an abscess forms, containing several ounces or a quart of pus. Even in the hands of the very best practitioners, mammary abscess is by no means infrequent, sometimes owing to the obstinacy of the patient, sometimes to the fact that the breast cannot be emptied of its contents. At the outset, if the breast be promptly emptied and sorbefacient liniment employed, rubbing the gland from above downward in the direction of the outlet of the lacteal ducts, the formation of an abscess may often be readily prevented. If the inflammation has already attained a considerable height, leeches should be applied and saturnine lotions used. If, at a still further period, there is a tendency to the formation of an abscess, the best plan is to employ warm water dressings and emollient poultices to promote suppuration. When an abscess forms, nature's opening should be anticipated, for she never makes an opening at the precise spot where it is most advantageous, and besides this, instead of one, nature will make several, sometimes three or four. In addition to this local treatment, it is necessary to pay particular attention to the state of the system. Let the diet be dry, plain, and simple, not using any animal food. The secretion should be attended to, the bowels properly regulated. If there be fever, it must be subdued by the ordinary antiphlogistic measures. It may be necessary to use tonics, especially when there are profuse sweats and hectic fever.

The abscess was opened. The matter was deeply seated and abundant, of the character of that found in phlegmonous abscesses. A tent was introduced, and an emollient poultice with solution of sugar of lead and opium upon it, ordered. The matter will be pressed out gently twice in the twenty-four hours. By and by the gum ammoniæ and mercurial plaster will be applied.

Surgical Department Phila. Dental College.

Clinic of Dr. Garretson.

Reported by Dr. H. L. Gilmour.

RECURRENT EPULO-FIBROUS TUMOR.

Case 1st. I have the misfortune, gentlemen, to present as the first lesson of to-day, a case which has made me feel sad for the past twenty-four hours. You remember this patient, upon whom I operated some three or four weeks back, making a resection of the lower jaw, for what I pronounced to be an epulo-fibrous tumor. You will recollect that this tumor appeared to have its origin from the periosteum, at the back part of the cuspid tooth, and as we watched it, we saw it increasing in size, until at the day of operation it was quite as large as the ordinary Lima bean. I told you it was a benign growth, but I made a reservation, reminding you that in the lectures on the sarcomatous growths, which I had the pleasure to address to you, I made strong point of the fact that sarcoma and carcinoma were as relations close knit in the bonds of a common fellowship and sympathy, and that it was a common nature of blood that flowed in them. That like all relations in common blood, one was not to be disappointed, if, in the apparent angel of the family, occasionally was to be found outcroping the malignancy of its apostate,—and that, on the same grounds of inference, any and every intermediate condition might be recognized as capable of having an existence. You will recall, that in the extirpation of this tumor I was so desirous to be outside of any local relations it might have, that I bounded the section in front by the alveolus of the central incisor tooth, posteriorly by the alveolus of the second bicuspid, and below, by the greatest depth of the alveolar process. This, I told you, was a proper mode of extirpation; that it was a necessity to be well to the outside of all such growths. But here, to-day, is the tumor recurring; and not with the simple, harmless face with which we first saw it, but starting up threateningly in lobules, like so many armed dragon teeth.

Did I fall into an error? Did I mistake the apostate himself for the angel? I did not, and I believe I will cure this lady yet, without a section

that shall deform her. I had proposed to operate upon her again to-day, but must defer it to another time. She is too depressed from the nervous disquiet induced from understanding that another and perhaps a third operation will be necessary. But I may tell you, as I have told her, what I propose to do. I have seen so many fibro-recurring tumors in the mouth, that while I dread them, yet I have learned not to be unnecessarily frightened by them. Now, if I had in my own person the experience of this lady, I would not, without another trial, suffer a complete resection of the bone. This deforms one for life; and if such resection is not an absolute and proven necessity, then to make it would be a barbarity. You may suggest, that a common experience may prove a common order of cases, and this would be very unobjectionable logic. But experience does not prove that the epulofibro recurring growths are not conquerable without complete section; at least my experience does not so prove, and as I have seen, and have done much of this surgery, I think the experience is entitled,—from myself at least,—to some share of consideration. I propose, at a proper time, to make a second section in this case. My anterior cut shall be made directly in the symphysis, and shall extend within two lines, or thereabouts, of the base of the bone; the posterior incision shall be somewhere in the neighborhood of the position of the second molar, and shall be to a like depth. These cuts are to be made with the saw, and not with cutting forceps, as used in the first operation. We are to deal now with the solid body of the bone, and the lower jaw is, as you well know, too solid, and close in texture, in most cases, to admit of the vertical forcep cuts, without great danger of fracture. The connection of these two cuts, removes, as you see, all the intermediate body of the bone, leaving only a delicate rim, or arch of continuity. If, with the removal, the disease is obliterated, there is no interference either with the harmony of expression, or the office of the parts, that cannot be easily enough restored with a few artificial teeth.

Suppose, however, that the trouble again recurs, what must be done? We must make, then, a complete section of the bone; and the extent of this section will be influenced entirely by the character of the reappearing growth. We may take away the rim, or arch, left; as the only hope of cure may be seen to lie in the entire removal of half of the bone,—that is, removing it at the articulation.

In the meantime, I propose to try upon this case the effect of the per-sulphate of iron. I have told you, that with some, it has quite a growing reputation in the treatment of conditions carcinomatous in type. Watching the tumor closely, I will daily, subcutaneously inject a few drops of Monsell's solution; I will also daily compress the part. This is easily done by moulding over it a piece of gutta percha, upon which the superior teeth can act. Under this compress I will lay one or two thicknesses of cotton stuff; this also shall be medicated in the solution of iron. I do not know, gentlemen, personally anything about this anti-carcinomatous action of iron. I have never tried it. It is claimed to be possessed of specific action, and I trust that the claim will be proven to be well founded. It is, however, I may suggest, a somewhat delicate matter to try experiments in combatting outgrowths. You know the common talk about handling cancers; it is not talk alone, I can assure you. As this lady is, however, prepared to undergo an operation at any hour demanded, we may feel that we can do her no harm in attempting to cure her without the knife. Try new things with caution. A very good rule of conduct is:

> "Be not the first by whom the new is tried,
> Nor yet the last to lay the old aside."

I would not advise you not to try new things, nor would I deter you from seeking in all channels for good, but let all things be tried, and all new things sought on the foundation of an educated judgment. Quacks stumble on good remedies, and an ass, slipping upon the mountain side, may turn up a nugget of gold. As we do not object to appropriate the gold, we should not hesitate to take to our use the remedy. This application of the per-sulphate of iron is not, however, the stumble of a quack. There is reason in its employment, and we will carefully test it, hoping that the premises are well founded.

I will show you the patient at our next clinic, or as soon as opportunity offers.

Bursal Tumor at the Wrist-Joint.

Case 2d. Here, upon the wrist of this lady, is, as you see, a tumor. It does not seem closely fixed, and to the touch is very spongy and elastic. It seems quite disconnected with the integuments, which move very freely over it. What is it? A bursal tumor, I think. You are all familiar with the anatomy of the wrist-joint. You remember very well that certain of the carpal bones, and prominences upon these bones, conspire to form a groove, or channel, transmitting the digital flexor tendons; that as each tendon passes through this groove, it has reflected about it a vaginal synovial membrane; that these vaginæ are what might be considered as prolongation of the common articular membrane, and are, consequently, in association with it. This tumor, if I am right in my diagnosis, is a bulbiform enlargement of the vagina of the flexor longus policis, or of some quite closely associated tendon. In character it is made of a cyst of greatly thickened synovial membrane, which cyst is in communication with the common articular sac on its lower face. It may contain a good deal of synovia, or a very little, or none at all. It is a tumor analogous to the bunion, the housemaid's knee, or any non-acute enlargement of the bursæ mucosæ, and its cure is to be attempted on precisely similar principles. Sorbefacients are highly recommended. Blisters are employed by many. Breaking the sac by the stroke of a book, and allowing the escape of the synovia into the neighboring tissue, has been practised. This last, however, I would not recommend you to try. I tried it once, and it was only after weeks of treatment that I was able to save the arm of the patient; phlegmonous erysipelas of the worst type being the consequence of the operation. A very

simple treatment, and the one I shall employ here, is to make a valve-like puncture, with a heavily grooved needle, and after scarifying well the inner face of the cyst, press out the contents along the groove. Compression will then be employed, and thus I shall hope to inflame the walls, and thus obliterate it.

The tumor was here sprayed with ether, and the needle introduced directly over its centre, being carried under the skin, then directed upward, turned and brought down directly into the bursa; pressure was now made, and there escaped along the groove a thimbleful of synovia; the needle was now made to scarify the inside of the sac, and then withdrawn. A piece of plaster was at once laid upon the seat of puncture, and firm compression applied through the agency of the bandage. The bandage to be wet with cold water, if any undue inflammation supervened.

Medical Societies.

NEW YORK PATHOLOGICAL SOCIETY.

March 27th, 1867.

Reported by E. S. Belden, M. D.,

Extravasation of Blood under the Pleura.

Dr. T. Finnell presented three specimens on behalf of Dr. John Beach. First, the lungs of a child three months old, seemingly well until one day it was seized with a crying spell, which continued, as if the child was suffering from some internal pain. This lasted several hours, when symptoms of dyspnœa began, and the child gradsank and died of suffocation. Post-mortem examination showed no internal lesion accounting for this except the condition of the lungs, which presented irregular extravasations of blood underneath the pleura. This condition did not extend into the tissue of the lung.

Disease of Heart and Kidneys.

Second Specimen. Heart and kidneys removed from a man 55 years of age. He had been ill and confined to his room several hours preceding his death. Heart disease was recognized, and he was advised to keep quiet and to be carefully watched. At times he suffered pain and distress over the præcordial region; and at other times was able to go out. One day while passing through the street, he met with some obstacle on the sidewalk, and was forced to make great muscular exertion to save himself from falling. He did fall, however, and was soon after found dead. Post-mortem examination shows a rupture through the wall of the left ventricle, through which the pericardium was filled with blood, though this wall is as thick as natural. The fatty condition of the heart and kidneys, and the corpulence of the patient, doubtless, account for the weakness and rupture of these normally thick walls.

Rupture of Aneurism.

The third specimen showed the bursting of an aneurism just above the aortic valves, filling the pericardium with blood, but not producing instant death. The patient lived several hours after the accident. The rupture was circuitous, not direct; which fact accounts for the gradual death.

Fatty Placenta.

Dr. Finnell also presented a fourth specimen, which was a fatty placenta taken from a woman who had given birth to five healthy children in natural and easy labors. She appeared to be perfectly healthy and in the best condition during this confinement; but after an easy labor was delivered of a child which had been dead but a few hours. To the touch, the placenta presented a gritty feeling, showing that calcareous as well as fatty change had taken place.

Uterine Lesions After Abortion.

Dr. Finnell offered a fifth specimen, which was the uterus and a portion of its appendages, taken from the body of a woman 28 years old, who died four days before. In November last, finding herself pregnant between three and four months, she determined to have abortion produced, and applied to an abortionist, who at that time operated on her for that purpose. Finding this ineffectual, she applied to him a second time; and a second unsuccessful operation was performed. She applied to him a third time; and a day or two after, symptoms of abortion presented themselves, and the fœtus was expelled. From that time until she gradually sunk and died, one month after the operation, she suffered from symptoms referable to the pelvis. On post-mortem examination, the right limb from the pelvis down, was found to be œdematous. On opening the abdominal cavity there was no effusion within the peritoneal cavity proper; but there were two large abscesses in the right iliac region in the neighborhood of the broad ligament, which pressed upon the surrounding tissues so as to interfere with the circulation of that limb. The left limb was in its normal condition. The uterus is soft, larger than natural, and the os uteri is intensely congested; but there are no signs of abrasion, and no marks showing the introduction of an instrument. The interior surface of the uterus shows it to have been in an impregnated condition, and shows the point of attachment of the placenta. There is a dark spot on the internal os, but this is cicatricial and depressed, showing that this was not directly connected with her death. The right ovary shows two corpora lutea.

Ulceration of Larynx and Trachea.

Dr. Rogers presented a specimen of particular interest to laryngoscopists. A lady, 34 years of age, contracted syphilis five years ago, which became constitutional. There was ulcerative disease of the larynx, glottis and epiglottis. Two years ago she began to fail in voice. It grew less and less, and finally was reduced to a whisper. About a year ago dyspnœa became quite urgent, subject to paroxysms of greater or less severity. About that time Dr. Simrock examined the case with a laryngoscope, and diagnosticated ulcerative disease of the larynx, involving the glottis, also an adhesion of the epiglottis to the upper rim of the larynx, with a perforation through the epiglottis, admitting into the trachea all the air that was inhaled. Not many weeks

after, Dr. Parker was called, and introduced a tracheal tube, which she has worn ever since, and which is presented here. Dr. Simrock again saw her; adhered to his former diagnosis, and added, that there was almost a complete occlusion of the respiratory passage to the left lung. She meanwhile suffered from bronchial symptoms of more or less severity at different periods. Last evening she suffered one of her customary paroxysms of dyspnœa and called her physician. He had seen her several times before, suffering in this way, and with similar symptoms, and did not consider them serious. She suddenly died, two hours after he left her.

A post-mortem showed that the epiglottis was at least half absent, that what used to be its two sides were attached to the fauces or larynx, and the opening altogether, dilated to the utmost, did not seem to be three-eighths of an inch; and yet it was said that the woman ate solid food without difficulty, and as well as anybody. Passing a probe down this opening, it enters the œsophagus. But immediately after leaving the epiglottis, which has these adhesions, you fall into a cavity which, looking at it from behind, gives the appearance of a glottis; but going down further you will find you are in a *cul-de-sac*. Reaching this from below, you come against the opposite side of this membrane which forms almost a cartilaginous occlusion at the lower limit of the thyroid cartilage. Evidences of extensive ulceration were seen. The left primary bronchus was partially occluded. At the line of bifurcation there was an extensive ulceration, which caused the contraction at this point. This ulceration also allowed one of the lymphatic glands on this bronchus to look inward and narrow this passage still more. The cause of death was not discovered until an effort was made to withdraw the tube, when it was found plugged with a large plug of very tenacious mucus, which was apparently the cause of the sudden cesation of breathing.

Obscure Case of Pelvic Peritonitis; Perforation of the Bowels; Abnormal Ureters.

Dr. Watts, jr., presented a specimen taken from a woman who had been in hospital one year, having entered with phthisis and syphilis together. Soon after her admission she had a diarrhœa which continued up to the time of her death. On two or three occasions she had slight hæmorrhages from the bowels. Last November she by mistake took a grain of atropia in solution, thinking it a solution of morphia. The effects of the atropia immediately showed themselves in extreme dizziness, dryness of the fauces, and extreme dilatation of the pupils; but no erythematous eruption was noticed. She was treated immediately with sulphate of zinc and the stomach-pump. She recovered from these effects; but from that time on has had persistent vomiting, being able to retain nothing upon the stomach with the exception of a little milk and lime-water, and small quantities of whisky. She died two or three days ago, from exhaustion. During her sickness her urine was found to contain albumen and casts, but nothing else peculiar was noticed about it, nor about the dejections from the bowels, except that they were fluid. The stomach appeared to be in a healthy condition, presenting no evidence of any ulceration or anything to account for the obstinate vomiting which continued for three months. The liver was fatty, the lungs in a condition of softening, the left kidney large, and on examination found to be fatty also. In the pelvis there had evidently been peritonitis, as all of the organs were bound together and displaced; but while she was in the hospital she showed no symptoms and complained of no pain which could be traced to peritonitis. She had only complained of pain in the epigastrium, and of that only since she took the atropia. The rectum was displaced to the right side, but returning on itself again, it has formed a large loop, and the two ends of this loop were in connection with the bladder, and through each end there was a perforation running into the bladder. One of these openings was in the gut six, and the other about twelve inches from the anus. They both entered the bladder at apparently the same point. Then at the urethra there was found an ulcerating mass which extended to the interior of the bladder. From the left kidney there were two ureters running separately a little distance apart and entering the bladder at nearly the same point. She had never had symptoms of trouble in the bladder. The urine examined many times had shown evidence of Bright's disease, but no fæcal matter. The dejections from the bowels, though noticeably fluid, had never emitted any urinary odor. The right ovary is enlarged and contains several casts, the left is small and enveloped in a mass of fibrin.

BALTIMORE MEDICAL ASSOCIATION.

Meeting of February 11th, 1867.

Reported by J. W. P. Bates, M. D.

Subject for Discussion—Hysteria.

Dr. Arnold. I do not know any term which, practically, has done more mischief than that of hysteria. From the term we would expect the disease to be generally caused by some disease of the female generative organs. Some excellent authorities favor this view. Of late, recent investigators of functional derangement of the nervous system state that this disease is very common in cases in which the womb is not diseased, and that we may have cases of erythema, ulcerations, erosion or other disease of the womb or vagina, and yet find no such great functional derangement of the nerves as is met with in hysteria. It is presumed, therefore, that this perverted action of the nerves, this morbid desire to create pity, shows more a mental or moral disease than a physical one. I believe this is the view of Dr. Handfield Jones, and he is no mean authority on nervous diseases. These cases might just as well be treated with a strong decoction of flint stones as with anything we have in the Pharmacopœia. There are other cases of disease of the womb which have a strong desire to get well, which a genuine hysterical case never does. In this class we have quasi choreaic symptoms, headache, etc.,

but the real cause of their suffering is anemia. These cases are often neglected by the medical attendant and put in the same category with those who dissimulate. This class can really be benefited by medicine. I have found these cases not among the affluent, who having no troubles make imaginary ones, but among sewing girls, milliner girls, etc., in which there is atony of the muscular system. These can be benefited by tonics, iron, rest and good diet. I have succeeded in a number of such cases which I consider fit subjects for medical treatment.

Dr. Eastman. I agree with Dr. Arnold that many cases of hysteria are not connected with uterine disease, but I have frequently observed that the first symptoms that would lead me to suspect disease of the womb have been hysterical. Sometimes there may be ulceration without a discharge, but this is not so frequently as with discharge. If the woman complains of burning pain on the top of the head in addition to the hysterical symptoms, I generally find the os uteri diseased. Hysteria may be caused by anything that debilitates, and in these cases iron is one of the best remedies, but nothing can compare with out-door exercise. If you can get them to go out every day it is almost certain to cure them. In hysterical convulsions, bromide of potassium has been highly recommended. I have only tried it in a few cases, but so far I am highly pleased with it.

Dr. Erich. The great majority of the cases of hysteria that have come under my observation have been of the class referred to by Dr. Arnold as curable; in these cases rest and not exercise was the first indication to be fulfilled. They were generally produced by very fatiguing exertions, or by violent emotions, as anger or fright. After the paroxysms had been controlled by nervous stimulants or opium, as the case might be, the exhibition of quinine, iron and wine was generally followed by the happiest results. Exercise in the open air I have found, in this class of cases, to be more valuable as a prophylactic than as a curative measure. I am now attending a lady who is suffering from an attack of hysteria, produced by over-exertion undergone in moving; she complains of a violent pain in the region of the liver.

Dr. Curry. In order to treat any disease rationally it is necessary to investigate the pathological conditions. Dr. Arnold sets forth the pathology of one class viz., anemia. There is another class which is characterized in one case by delirium, in another by convulsions, in a third by coma. This class is not benefited by tonics. It seems to depend upon a morbid condition of the nervous system. Some authors locate the disorder in the brain, others in the spinal cord, and say you will always find tenderness in the spine. Sometimes I think it is from reflex action. I remember the case of a young man who had been troubled much by hemorrhoids, for which ligatures had been applied. He was attacked by hysteria which ceased when the hemorrhoideal tumors had been clipped off. A widow lady, æt 25, had an attack of hysteria which resembled coma. A physician was called and he cupped, but there was no amelioration. I saw her in the evening and ordered the cold douche to be kept up until she became sensible. She had no more attacks while she remained in the neighborhood. She had disease of the womb, but there was no tenderness along the spine. In robust cases of this kind, tonics do no good.

Dr. Arnold. It was not my intention to propose tonics as a specific, but only as being very useful in a large class of hysterical cases which we would otherwise be likely to slight. I am free to admit that this other class is excited by nervous causes—excitement of the cebro-spinal nerves and also of the periphery. No part of pathology is so backward as that of nervous diseases, as epilepsy, chorea, etc., as well as disorders of the ganglionic nerves. The task is hard to discover the seat of the manifold disease, which we meet daily. Cases of hysterical mania are very interesting; they are generally easily curable or recover very easily. They are often sent to hospitals as grave cases, but in the course of a few weeks they are sent home perfectly well.

The premonitory characteristics are—headache, easily excited, easily displeased, strange notions, sometimes outrageous conduct and conversation, paroxysms of mania simulating frensy. The vast number of cases, however, belong to the class to which I first alluded. They are troubled with asthma, palpitations, headache, spasms, and seemingly paralysis. Stimulants are not well borne. I approve more of quinine, cod liver oil, iron, etc. There is a vast field here deserving of study.

Dr. Erich. To complete the outlines of hysteria, as they have been given in this discussion, two more points ought to be added. 1st. Hysteria is not a disease of females exclusively. This is the universally adopted opinion of modern writers. It has no more nor less to do with affections of the uterus than any other one of the neuroses. 2d. Hysteria frequently simulates serious inflammatory diseases, and so perfect is the deception that it has often led to very sad blunders in the treatment adopted. Very eminent diagnosticians have been repeatedly mortified by seeing a patient, whom they had condemned to a recumbent position on account of some imaginary disease of the spine, or chronic inflammation of the joints, go to a ball and dance the greater part of the night, and get well in the course of a few weeks, not of the disease but of the soreness produced by the treatment. The case of the lady to which I referred before, is a very forcible illustration of this fact. Her father died in consequence of a permanent obstruction of the biliary duct. Knowing the symptoms of this disease it was comparatively easy for her to imitate them and thus deceive me at my first and second visits, especially as she had never suffered from hysteria before, and appeared to be quite a strong minded woman. But when I saw her the third time and found her no worse for wear, although she had been writhing in the greatest agony for three days and two nights, (according to her account,) and when I found that the pulse was almost natural, the functions of the liver were performed as efficiently as ever, and her appetite was good, the truth began to dawn on my mind. I then told

her that I was now convinced that her disease, although very painful, was of no more consequence than a bad toothache, and that I was sure I could cure her in a few hours, if she would consent to take an old fashioned dose of calomel. She took it, and when I saw her this morning her pains were gone and she was able to leave her bed. The deception practised was not intentional, but her nerves were in an acutely sensitive state in consequence of over exertion, and the slight muscular soreness was magnified by a vivid imagination to such a degree as to pervert temporarily an otherwise sound judgment.

Dr. Williams. I am afraid the proof is not positive enough to allow us to express any authoritative opinion, on account of our ignorance of its pathology. No one cause can account for all the cases. No doubt anemia may predispose, but the exciting cause is in the nervous system. The physiognomy of hysterical patients is peculiar—there is a peculiar form of the eye—it changes quickly under the influence of light. I think there may often be a hereditary tendency which is not strong enough of itself to produce the disease unless there be some exciting cause. Some undoubtedly are owing to displacement of the uterus, or disease of the neck, as leucorrhœa. Some say that the leucorrhœa is produced by anemia, but you can cure the leucorrhœa some time before you can the anemia. The real causes are in the nervous system, and what they are we can no more tell than we can those of epilepsy, chorea, etc., for there may be nothing found, after death, to account for the symptoms. In young people it is accompanied by extreme nervous irritability and you generally find tenderness along the spinal cord. When we enter on the manifestations of hysteria, we find an endless field. It frequently simulates inflammatory disease. I have now a patient who complains of pain in the right hypochondrium; shrinks before your hand touches her. This might be mistaken for a case of peritonitis. It is necessary to have regard to the degree of pressure which produces the pain. In inflammations the pain increases in proportion to the pressure, but frequently in hysteria if you pinch up the skin there is as much complaint of pain as when you press. Cases may resemble tetanus, or catalepsy—generally have opisthotonos, sometimes to a very great degree. Next is the violent convulsive form. I have seen five or six persons tryingo t hold a young girl. It is best to let them alone, for they rarely hurt themselves, and the violence of the convulsion is frequently in proportion to the force used to restrain them. The treatment has to be varied according to the case. Some are relieved by the nervous stimulants, and of these valerian is the best. Others require more active treatment; are generally anemic and we have to cure the anemia first.

Dr. Arnold. In cases of outrageous conduct I know nothing better than a powerful emetic, it is sure to settle them.

Dr. Erich. I cured a case by threatening to give an emetic, she had lost her voice, but soon learned to speak.

Editorial Department.

Periscope.

A New Way of Treating Cancerous Tumors.

The Italian medical journal *L'Ippocratico*, quoted by *L'Imparziale* of the 16th instant (November), mentions a mode of procedure, proposed by Dr. Thiersch, to modify or remove cancerous tumors, whether ulcerated or not. He starts from the supposed action of medicinal agents in the *nascent* state, this action having a great power of modification without exciting either inflammation or gangrene. He therefore injects the carcinomatous tumor and the sound parts in its immediate vicinity with a solution of nitrate of silver, and accelerates the formation of chloride of zinc by injecting, soon afterward, water holding common salt in solution. With the subcutaneous syringe Dr. Thiersch used, in the case of a tumor of the face, the first salt of the strength of 1 to 5000 of water, the chloride of sodium being 1 to 2500. These injections were repeated about twenty times along the margin of the tumor, half an inch from one another. About fifteen more were used in a vertical direction, and more upon the nodosities of the tumour itself. Ten minutes afterward the common salt injections were made in the interspaces of the silver injections. Stronger solutions were used for several days, at intervals of twenty-four hours. Suppuration was soon discernible. At last healthy granulations appeared. Solutions still stronger were now injected, but the patient unfortunately had pyæmia. It is not said whether the result was fatal, but the author holds that his method should be extensively tried.—*Lancet.*

Infusion of Senna with Coffee.

It is often desirable to conceal the flavor of medicinal agents, and this can be readily effected with senna. The *France Médicale* and the *Journal de Médecine Mentale* supply us with a prescription, which is used with much benefit in the asylums directed by Messrs. Moreau (de Tours,) and Dumesuil (of Quatre-Mares.)

℞.	Follicul. sennæ,	ʒijss., ʒiv.
	Pulv. coffeæ arabicæ,	ʒij.
	Aq. bullientis,	ʒiijss.
	Lactis,	ʒiv.
	Sacchari,	ʒiss. M.

Indolent Ulcers.

Dr. D. A. Morse, of Alliancé, Ohio, says,—(*Lancet and Obs.*)—"The most satisfactory mode of treatment for an indolent ulcer, around which the tissues are indurated and the surface black, with considerable congestion, is to fill the excavation with a powder composed of—as a whole—ten parts: seven of acet. plumbi, one of pulv. opii, two of calomel. Morphia may be substituted for opium. This, while it excites proper action in the parts, relieves pain, unloads the vessels, and will sometimes change the color of

surrounding parts, in twenty-four hours, to a bright red. In varicose ulcers the lead has a good effect upon the dilated vessels. Apply adhesive plaster to the limb, that the pressure may aid in relieving congestion. The straps will depress elevated edges. The ulcer will heal kindly."

Reviews and Book Notices.

The Science and Practice of Medicine. By William Aitken, M. D., Edin., Professor of Pathology in the Army Medical School; Late Pathologist to the Military Hospitals of the British Troops at Scutari, etc. etc. In Two Volumes. From the Fourth London Edition, with Additions, by Meredith Clymer, M. D., Late Professor of the Institutes and Practice of Medicine in the University of New York; formerly Consulting Physician to the Philadelphia Hospital, etc. Philadelphia: Lindsay & Blakiston. 1866. 8vo. 1st Vol., pp. 955; 2d Vol., pp. 1114. *Price*, $12.00 cloth; $14.00 sheep.

We have delayed noticing this important work, after receiving the first volume, so as to refer to both volumes at once. We may now pronounce it to be a very valuable contribution to medical literature. The original has been highly appreciated abroad; and the additions do credit to the judgment and research of the American editor.

Dr. Aitken was not, before the issue of this work, of which the first edition was published in 1857, widely known, at least in this country, as an author. After his second edition came out, only six months elapsed before a third was demanded; and the fourth succeeded in about as short a time.

Dr. Clymer is well remembered in Philadelphia as a prominent medical teacher, twenty years ago. Although not, we believe, since that time, constantly engaged in professional duties, he has not fallen behind a single day in its learning and literature.

The book before us is a large, and a full one; full of facts, scientific and practical, and also amply endowed with references to cotemporary and recent opinions. It is especially useful in giving a clear history of all the principal discussions upon mooted points in pathology of our time. No other treatise upon Practice is so complete in this kind of information. We cannot say that it is always as concise as would be desirable, or that the arrangement is nearly always the best possible. In these respects it might be very much improved. But Dr. Aitken's style is lucid and agreeable; and the inequality of the work is greatly relieved by Dr. Clymer's notes and additions.

The importance of the latter may be estimated, not only by their amount—comprising, besides numerous annotations, more than twenty new articles, which make about three hundred and thirty printed pages,—but also by the nature of the subjects so extended, and the ability and industry of their treatment. Among the topics of these added articles are, *Cholera Morbus, Cholera Infantum, Typho-Malarial Fever, Camp Dysentery, Aphasia, Locomotor Ataxy, Cerebro-Spinal Meningitis, Treatment of Disorders of Respiratory Organs by Atomized Fluids*, etc.

The work is well printed, upon good paper, and handsomely bound. While issued by Messrs. Lindsay & Blakiston at considerably less than the English edition, it is really worth to the purchaser and reader a good deal more than the original.

NEW WORKS ANNOUNCED.

By Henry C. Lea, Philadelphia.

Erichsen on Nervous Injuries.
Hartshorne's Handy-book of Medicine.
Hudson on the Study of Fever.
Brande and Taylor's Chemistry. New edition.
Reynold's System of Medicine.
Thomas on Diseases of Females.
Tanner's Clinical Manual. Revised edition.
Tanner on Diseases of Pregnancy.
Brinton on Intestinal Obstruction.

By Lindsay & Blakiston, Philadelphia.

Skey's Lectures on Hysteria.
Radcliff on Epilepsy and other Disorders of the Nervous System.
Mackenzie on Diseases of the Throat.
Beale on Tissues. New Edition.
Lawrence's Optical Defects of the Eye.
Reynolds on the Nervous System. New edition.
Bence Jones' Lecture on the Application of Chemistry and Mechanics to Pathology and Therapeutics.

By J. B. Lippincott & Co., Philadelphia.

Therapeutics and Pharmacology, or Materia Medica. 3d edition. By George B. Wood, M.D.
Elements of Human Anatomy. 2d edition revised and enlarged. By T. G. Richardson, M.D.

By Kelly & Piet, Baltimore.

Fractures of the Lower Extremity, and the Use of the Anterior Suspensory Apparatus in the Treatment of those Injuries. Fully illustrated by cuts and diagrams; together with numerous cases furnished by eminent surgeons. By Nathan R. Smith, M.D.

Medical and Surgical Reporter.

PHILADELPHIA, APRIL 13, 1867.

S. W. BUTLER, M. D., *Editor and Proprietor.*

THE INTERNATIONAL MEDICAL CONGRESS AT PARIS.

The International Medical Congress will be opened at Paris on the 16th of August next. The Central Committee earnestly desire an active participation in the Congress on the part of Medical Societies from all parts of the world, by sending delegates to represent them.

By the third article of the Statutes, foreign delegates are admitted without any pecuniary consideration.

The undersigned having been appointed a Corresponding Delegate by the Central Committee at Paris, would urge upon Medical Societies the propriety of appointing delegates to the Congress as speedily as practicable, and reporting them to him, that he may forward them as early as possible to the Central Committee.

S. W. Butler, M.D.,
Philadelphia, Pa,
Corresponding Delegate.

☞ Medical Journals please copy.

CRIMINAL ABORTION.

We hope the general interest that the discussion of this subject in our columns has excited will result in good. The revelations which are being brought to light are frightful. Think of women keeping instruments for the production of abortion among their household utensils! Think, also, of the unprincipled men, some of them, too, occupying respectable social and professional positions,—members even of our medical societies, carrying on this nefarious business of producing abortion as a trade! Yet we are credibly informed that such is the fact.

There are few medical men who have not the temptation offered them. We say "the temptation," for the large cash fees that are willingly paid, are a temptation. A few cases that have come to our knowledge recently, will illustrate. One physician, not long in the profession, was called on recently by a woman, and asked to perform the operation, she offering $50 as a fee. He promptly declined it on moral grounds, when the offer was *doubled*, which was also as promptly declined. He was then informed that a neighboring doctor, "whom you call respectable," would not decline; and she doubtless succeeded in finding some one, perhaps one who passed as a "respectable" physician, possibly a member of a Medical Society, who was willing to become a *particeps criminis* in her crime.

In a western town, a physician was called upon by a stranger, who requested him to visit a "young lady" at the hotel, for the purpose of relieving her of "an accident" that had happened to her. A cash fee of $100 was offered. It was declined, and an earnest protest entered against the proceeding. "I don't want to hear any preaching," was the response—"I want this operation performed, and if you will not do it, I will try some one else; and if I can't get it done in this town, I'll travel west till I find some one that will do it!" On inquiring if there was any one who would probably perform the operation, the name of a physician of respectable standing was given, who had been suspected of such practices, on condition that the traveller would return and report the result of his application, which it was believed would be unsuccessful. To the surprise of our informant, the stranger returned in a short time, and reported the physician to whom he had gone as "a gentleman,"—and that he had charged him *only fifteen dollars!*

A surgeon of prominence and standing was recently offered a fee of $1000, if he would perform the operation. The offer was indignantly declined, possibly to be accepted by some one else "of standing," for one-tenth the amount!

We believe, however, that there are comparatively few men of standing and respectability in our profession who engage in this criminal business. It is generally carried on by professed abortionists, under assumed names, and they occasionally come to grief, as in two instances quite recently in New York. But unfortunately, the penalties are entirely disproportionate to the enormity of the crime.

A correspondent in New York, writing on this subject in a business note, says:

"I am pleased with the stand you take against criminal abortions. I have been practising here in New York, since 1849, and I find that women look upon miscarriage, at least to the third month, as nothing. Respectable women the mother of children, will call on you and say, 'Doctor, I have just gone one or two months over my time, I want no more children at present, just give me a pill.' The American born women think that it is no harm, and I am sorry that they are gradually inducting the German and Irish into the evil practice. There is no earthly use in making laws against the practice if the mind is not educated to look upon the affair as something horrid and awful. Now and then a devil of a quack is caught, and may be punished; but for one that is punished, thousands are not discovered. The city is full of young women from the country, who are caught by the advertisements of these quacks. These poor girls finding themselves pregnant, rush to New York for relief. If there was a large lying-in

hospital near the city, and a foundling hospital attached thereto, I think hundreds of lives might be saved. Nobody but God himself can tell the number of women who are sacrificed in New York every year by criminal abortions."

REVISING REPORTS.

While we have given Dr. Mayburry ample opportunity, in another column, for correcting alleged errors in our report of his recent remarks before the Philadelphia County Medical Society, we must claim, on behalf of our reporter, the ability to make a *verbatim* report, and his belief in the general accuracy of his report on this occasion. The accuracy of the portion in quotation marks can be easily verified, by reference to the original sources. In preparing such a report for publication, it is not possible to submit it to each speaker for revision, and the infelicities of expression, which with most speakers sometimes occur in an off-hand speech, are much more than compensated for by the freshness and animation of a free and prompt report.

Dr. Napheys—for whose presence at the meeting we alone are responsible—is a thoroughly competent reporter, and an intelligent physician, and there is nothing that will add more to the interest, usefulness, and growth of the Philadelphia County Medical Society, than prompt, brief, off-hand reports of its proceedings,—not "doing to death," and taking all the freshness and interest out of the remarks by a "careful revision."

It is due to both Dr. Napheys and ourselves to say, that in consequence of an unfortunate business arrangement with a party who failed to meet his engagements, great injustice was done to the report, by numerous typographical errors, which we had no opportunity to correct. That arrangement we were compelled to abrogate, and have now returned to our former printer.

Notes and Comments.

Newspaper Advertising.

We have recently received several newspapers from as many sections of the country, containing announcements of important surgical operations performed. Who sent these papers, or from what motive they were sent, we are entirely ignorant of. It does not necessarily follow that because an important operation is spoken of in the papers that the operator is responsible for it. What more natural in a small town, than for the editor or a reporter to make an item of it from hearsay. The same thing is done in our large cities, where serious accidents and operations at hospitals are habitually reported in the newspapers. The point which the conscientious physician or surgeon should avoid, is, not to seek notoriety through the medium of the newspapers. Such a proceeding would be entirely opposed to the teachings of our ethical code, and the spirit of our profession.

One newspaper we have received, contains a very objectionable advertisement by a physician, who, we understand is connected with a medical society in the State of Ohio. The advertisement is headed "Hernia Cured," and several special diseases are mentioned, as attended to by the advertiser, at certain appointed hours, at reasonable charges, etc., etc. All which is unmitigatingly unprofessional.

Physicians and Apothecaries.

At the meeting of the Mercer (N. J.) District Medical Society, held at Trenton on the 2d inst., at which the Apothecaries of the city were present by invitation, Dr. T. J. Corson read a paper on the relation between Physicians and Apothecaries, and offered the following resolution:

Resolved, That this Society unqualifiedly condemn the practice of any person or class of persons prescribing for cases of sickness, unless the person so prescribing shall have received a diploma from a regular Medical College, and also shall have taken out a license as prescribed by law; and we mutually pledge ourselves to do all that we honorably can do, to induce druggists to discontinue the habit of prescribing for diseases.

Which, after considerable discussion, was postponed, and the following adopted:

Resolved, That a committee, composed of two members of this Society, and two apothecaries to be chosen by them, be appointed to inquire into the propriety and feasibility of forming a Society of Physicians and Apothecaries, to be known as the Medical and Pharmaceutical Society of Trenton.

Drs. Corson and J. H. Phillips were appointed.

——The Superintendent of the Colney Hatch Lunatic Asylum, near London, has been examined before the Commissioners of Lunacy on a charge of cruel treatment of his patients. Insane persons of destructive tendencies were put to bed in a state of nudity without bedding of any kind, and a patient named Hobbs, having been so treated for 140 nights during the Winter of 1864–'65 died one morning soon after being unlocked.

Errata.—In Dr. Banning's article, in the Reporter of March 9th, page 183, third line from end of first paragraph read "*a visceral and* an anti-physiological," etc. Page 185, eighth line from bottom of first column, read *tightly* for lightly.

Correspondence.

DOMESTIC.

Discussion on the Status of Women Doctors.

Editor Medical and Surgical Reporter:

The undersigned has been not a little surprised to see, in a late issue of your journal, what purports to be a faithful report of a discussion before the Philadelphia County Medical Society, on the status of Female Medical Colleges, their professors and alumni—a subject referred to the several county societies, for consideration, by the Medical Society of the state of Pennsylvania at its last annual session.

By what authority was that report published? Who is the self-constituted reporter? And how did he obtain access to a body of which he is not a member?

These questions are asked, because the publication was made without the knowledge of gentlemen, who feel themselves aggrieved in not having, in accordance with former usage, when the Society reported its proceecings, submitted, for their correction, remarks attributed to them, which, in some instances, abound in misrepresentation, grammatical blunders, and other inaccuracies. The writer always questioned the propriety of publishing individual opinions, instead of the sense of the society, on matters purely relating to its polity and ethics when such are under discussion.

The reporter was evidently not familiar with the history of the subject in regard to which he undertook to enlighten your readers; otherwise, such phrases as "commencing of the State Society," and "he would like to go into the history of the *discussion*," etc., would not occur in his report. These expressions, attributed to the undersigned, were not used by him. He did, however, express a desire to enter fully into the history of the *question at issue*, from its first introduction into the Philadelphia County Medical Society, in 1858, to the present time. With that view, he quoted largely from the minutes of the Society, and from the published transactions of the Medical Society of the State of Pennsylvania for 1859, 1860, and 1866. The language and even the sense in some instances, of these quotations, are grossly perverted. Neither did the undersigned say that "it did not represent the same proportion of practitioners in Philadelphia, it did in 1859." But he did say, that, in his opinion, which had also been expressed elsewhere, the society numbering only about 150 members, did not *now* represent, to the same extent, the *profession of* Philadelphia, as it did in 1859, when it had a much larger membership; yet he was glad to see so large an attendance from different sections of the city.

There are other inaccuracies throughout the report which ought to be noticed if time and space permitted. One more instance must suffice.

Near the close of his remarks as reported, a passage occurs which he is unwilling to accept as it there reads. He did, however, say, that he had met (he might have added, years ago,) some nurses who could hardly read the directions accompanying prescriptions, who, he was told, represented themselves shortly after, as practitioners of medicine, and were said to have received diplomas from a Female Medical College.

Wm. Mayburry, M. D.

Philadelphia, April 4th, 1867.

A Diagnostic and Prognostic in Typhoid Fever.

Editor Medical and Surgical Reporter:

During the prevalence of an epidemic of typhoid fever in 1850, the attention of my present associate, Dr. E. H. Watts, was directed to a peculiar discoloration in the fauces, generally ovoid in form, varying in size from three-eighths to half an inch in length, and in breadth from one-fourth to three-eighths of an inch, and usually located just to the right and left of the uvula.

It was usually observed from the fourth to the eighth day of the attack, making its appearance earlier if the attack was ushered in with severity; the shade of discoloration ranging from a little deeper pink than the adjoining mucous membrane, to a deep purplish black.

Its presence was proof of the nature of the disease. With a deeper shade of color, as observed from day to day, the disease was known to be progressing unfavorably; the gradual lightening up of the tint indicated a restoration to health; fading away entirely during convalescence, and becoming a very deep purple in all the cases that terminated unfavorably.

The attention of the late Dr. Le Roy H. Anderson was called to it by Dr. W., and several post-mortem examinations were made by them. In every case examined in which this peculiar discoloration was observed in the fauces, ulceration of the glands of Peyer was always found.

The attention of the profession was called to it at that time by Dr. Anderson, through one of the journals. Seventeen years more of observation has led Dr. W. to lay great stress on its value in the diagnosis and prognosis of typhoid fever.

My own attention was first called to it about twelve months since. In that case there was but one spot, occupying the anterior face of the uvula. at one stage of the disease occupying nearly the whole of it.

I have thus endeavored to give a brief and concise sketch of this strange monitor, and would request those whose facilities for investigation afford a wider field than a country practice, to put it to the test of practical observation and post-mortem examination. If its value be verified, the profession should have the benefit of its aid in their therapeutics. If it be found wanting in reliability, some of those who lean on it quite heavily now wish to be apprised of their error.

Edward H. Sholl, M.D.

Gainesville, Ala., March, 1867.

News and Miscellany.

Law for the regulation of Hospitals and Asylums for the Insane, in Illinois.

The following is the text of the act passed during the late session of the Illinois Legislature relative to the detention of reputed insane persons, which is entitled:

AN ACT FOR THE PROTECTION OF PERSONAL LIBERTY.

Section 1. *Be it enacted by the people of the State of Illinois represented in the General Assembly*, That no superintendent, medical director, agent, or other person having the management, supervision, or control of the Insane Hospital at Jacksonville, or of any hospital or asylum for insane and distracted persons in this State, shall receive, detain, or keep in custody at such asylum or hospital any person who has not been declared insane or distracted, by a verdict of a jury and the order of a Court, as provided by an act of the General Assembly of this State, approved Feb. 16, 1865.

Sec. 2. Any person having charge of, or the management or control of, any hospital for the insane, or of any asylum for the insane, in this State, who shall receive, keep, or detain any person in such asylum, or hospital, against the wishes of such person, without the record or proper certificate of the trial required by the said act of 1865, shall be deemed guilty of a high misdemeanor, and shall be liable to indictment, and, on conviction, be fined not more than one thousand dollars, nor less than five hundred dollars, or imprisonment not exceeding one year, nor less than three months, or both, in the discretion of the Court before which such conviction is had: *Provided*, that one half of such fine shall be paid to the informant, and the balance shall go to the benefit of the hospital or asylum in which such person was detained.

Sec. 3. Any person now confined in any insane hospital or asylum, and all persons now confined in the Hospital for the Insane at Jacksonville, who have not been tried and found insane or distracted by the verdict of a jury, as provided in and contemplated by said act of the General Assembly of 1865, shall be permitted to have such trial. All such persons shall be informed by the Trustees of such hospital or asylum in their discretion, of the provisions of this act, and of the said act of 1865, and on their request such persons shall be entitled to such trial within a reasonable time thereafter: *Provided*, that such trial may be had in the county where such person is confined or detained; unless such person, his or her friend, shall within thirty days after any such person may demand a trial under the provisions of said act of 1865, provide for the transportation of such person to, and demand trial in, the county where such insane person resided previous to said detention, in which case such trial shall take place in said last mentioned county.

Sec. 4. All persons confined as aforesaid, if not found insane or distracted by a trial and the verdict of a jury as above, and in the said act of 1865 provided, within two months after the passage of this act, shall be set at liberty and discharged.

Sec. 5. It shall be the duty of the State's Attorneys for the several counties to prosecute any suit arising under the provisions of this act.

Sec. 6. This act shall be deemed a public act, and take effect and be in force from and after its passage.

Approved March 5, 1867.

Perils of Practice.

Instances like that we are now about to record are unfortunately too common; but it is well occasionally to point them out to those who undervalue the labor of medical practitioners and the risks to which they are exposed. It is a fellow practitioner and townsman who speaks thus of Mr. Noel:—

"Died, at 3, Westbury-terrace, Plymouth, on Dec. 6th, of scarlet fever, after a few days' illness, Vicnent Edmund Noel, M.R.C.S., aged twenty-three years, son of the late Rev. Thomas Noel, M.A.

"In his death medical science has lost one of her most devoted sons. During his short practice he was ever ready to relieve the sufferings of the poor in his district, where his memory will be long held in grateful remembrance. While in the faithful discharge of his duties as parochial surgeon he unfortunately contracted scarlet fever, and in a few days succumbed to the virulence of the attack. His gentlemanly demeanor and amiable disposition endeared him to all with whom he associated, and had his valuable life been prolonged no doubt a brilliant career would have been his reward. As a student at the Middlesex Hospital he gained many valuable prizes, while his lectures at the Plymouth Institution, of which society he subsequently became a member, were replete with vigor of thought and research."—*Lancet.*

The Effects of Alcohol on the Human System.

The following testimony of prominent physicians in and near Boston, Mass., seems to have been collected by some one in the interest of the rumsellers. We doubt very much whether a fair expression of the opinions of these gentlemen is given.

DR. EDWARD H. CLARKE,

one of the medical professors in Harvard College, said that for three years he had lived in wine-growing countries, and had seen very little intemperance in any of them. Alcoholic drinks are administered by the profession generally, but they vary with the condition of the person who takes them. Oftentimes the drinking of wines of the country supplies the place of food; but this, he said, depended upon the condition of the persons taking it, and for all practical purposes these wines may be considered as food in certain cases. There are a certain class of narcotic agents which tend to increase the term of life by checking the change of tissues. There are often cases where a person apparently in good health is much aided and built up by the use alcoholic agents, and he had found it necessary to give information specially on this subject. Men should use liquors according to their own judgment—the same as they would tobacco, tea, coffee, etc.

DR. JAMES C. WHITE,

Medical Professor in the Harvard medical school, said that he disagreed with the French chemists in the notion that alcohol did not assimilate with the system, and stated at some length the manner in which alcohol acts beneficially as a stimulant and reconstructant.

DR. OLIVER WENDELL HOLMES

believed alcoholic combinations to act dietetically upon the human system as well as medically.

DR. J. B. S. JACKSON,

Professor of Anatomy, testified that in certain cases of lung diseases alcohol was used medically.

PROFESSOR HORSFORD,

Professor of Chemistry, considered alcohol as food, because it preserved the tissues of the body, and this virtually supplied tissues, as animal food would do. He did not think alcohol in purity was poisonous. Alcohol might be used too freely, in consequence of which tissues would be preserved in too great a measure, and needful disintegration be prevented.

DR. HENRY J. BIGELOW

stated as the result of observation in wine-growing countries in Europe, that he did not think the effects of the wine freely used in these countries injurious; he thought the wine acted as a food. If alcohol was taken as a stimulant he should not expect to find disease resulting from such use, but if taken to excess it would act as a narcotic and produce disease. Dr. BIGELOW said that as a rule, physicians did not abstain from wine. He thought that in case where an individual was obliged to exert himself, being already in an exhausted condition, stimulus was useful, and on the whole beneficial.

DR. CHARLES T. JACKSON, CHEMIST,

said that alcoholic liquors act as respiratory food, and when alcohol in the form of wine or distilled spirits goes into the system, it takes the place of so much fat in respiration. Whisky contains fusel oil, and operates upon the lungs and liver, and gin acts upon the kidneys; and alcoholic drinks, when taken moderately, instead of doing harm, are conservative or beneficial in their action on the system.

A Hospital for Nervous Diseases.

An institution for the treatment of paralysis, epilepsy, and other nervous diseases will be opened at Lake Mahopac, Putnam co , N. Y., in the early part of this spring. It will be strictly private and under the direction of Dr. M. GONZALEZ ECHEVERRIA, who is so favorably known in connection with the practice of the specialty. In addition to the best comfort and to the natural advantages of the location, every means of special treatment beneficial for this class of diseases will be afforded to the patients. The institution will be provided with a room for light gymnastics, the proper apparatus for the exercise of paralytics, and the conveniences to administer the different kinds of baths.—*N. Y. Med. Record.*

Ladies not Admitted.

The Society of Apothecaries have closed the portal by which Miss GARRETT, the only English female medical practitioner, has been enabled to enter the profession. The three young ladies, whose success at the preliminary Arts' examination of the Society we lately chronicled, will find it necessary to adopt some other, and as yet undiscovered, mode of obtaining a medical diploma in this country, if indeed there be any such means. The Court of Examiners have resolved that they will not receive any certificates of lectures or of anatomical instruction delivered in private to particular students, apart from the ordinary classes of public recognized medical schools. It is, of course, impossible for ladies to carry on their medical, surgical, and anatomical studies in mixed public classes; and this resolution amounts, as it is avowedly intended, to an exclusion of female candidates from the only medical diploma hitherto open to them. Besides Miss GARRETT, there is one other lady medical practitioner on the British Register, Miss ELIZABETH BLACKWELL, a graduate of the University of Geneva, whose diploma and claim to registration have been admitted by the General Medical Council of Great Britain.—*Brit. Med. Journ.*

—— Dr. R. J. PATTERSON, late Superintendent of the Iowa State Lunatic Asylum, has received the appointment of Professor of Medical Jurisprudence in the Chicago Medical College.

—— COD-LIVER OIL. In an interesting report by Mr. CROWE, on the state of the fisheries of Norway and Iceland, lately furnished to the Foreign Office, it is stated that sometimes 300 livers of the cod are sufficient to make a barrel of oil, although occasionally 500 are required, and that during the past year, the Laffodon fishery supplied about 26,000 barrels of this oil.

—— Ward, the sculptor, is at work modelling the bas-reliefs of the Ether monument, which, by the munificence of Mr. LEE, of Boston, is to be erected in that city. These bas-reliefs depict characteristic scenes in which the anæsthetic is serving its humane purpose of relieving human pain. The crowning figure of this monument, it will be remembered, is that of the Bible story where the Good Samaritan is pouring oil into the sick man's wounds. It is one of the most effective groups which has yet come from the hands of this artist.

The probability is, we fear, that the above monument will perpetuate a lie, by attributing to MORTON a discovery which, by all the principles of right and justice belongs to WELLS of Hartford.

—— A young man named WOODS, 21 years old, a son of ROYAL WOODS, of Brattleboro, Vt., died of heart disease, recently, in the office of Dr. KETCHUM of that town, in which he was a medical student. He was found dead in his chair at the table, with his books opened before him.

—— Dr. HARRIS, the Registrar of Vital Statistics of New York, says that the tenement house population of that city suffers a perpetual pestilence by one cause or another, while the decently housed and cleanly enjoys a salubrity scarcely equalled in any rural village.

—— Over and over again the public have been cautioned as to the dangers arising from the use of green paper for decorations and the like. Another death, in St. Bartholomew's Hospital, London, is recorded from the effects of the arsenic contained in such papers.

—— Dr. ISAAC RAY, for twenty years Superintendent of the Butler Insane Asylum at Providence, R. I., has been compelled, on account of ill-health, to resign his position. Dr. JOHN W. SAWYER, late of the Wisconsin State Asylum, succeeds him.

—— MEDICAL COLLEGE OF GEORGIA.—Prof. S. P. GARVIN has resigned the chair of Materia Medica and Therapeutics, and Dr. WM. N. DOUGHTY, of Augusta, Ga., is appointed to fill the vacancy thus created. The degree of M. D. was conferred on twenty-two graduates of this college at the recent commencement.

METEOROLOGY.

March,	25,	26,	27,	28,	29,	30,	31.
Wind	N. W.	N.	N. E.	N. W.	N.	S.	S.
Weather	Clear.			Cl'dy. B'wy Clear 11 A M	Wind		Clear.
Depth Rain							
Thermometer.							
Minimum	33°	29°	28°	31°	28°	37°	34°
At 8, A. M.	37	36	34	36	39	45	48
At 12, M.	48	40	38	39	42	48	50
At 3, P. M.	50	44	39	41	42	49	52
Mean	42.	37 25	34.75	36.75	37.75	44.75	46.
Barometer.							
At 12, M.	30.2	30.2	29.9	29.8	29.9	29.8	29.7

Germantown, Pa. B. J. LEEDOM.

MARRIED.

HUTCHINS—SMITH.—On the 5th inst., by Rev. M. Martin, Dr. Edward R. Hutchins and Mrs. M. Cecelia Smith, both of this city.

SMITH—TAYLOR.—In New York, on Tuesday, April 2, at the Church of Incarnation, by H. E. Montgomery, D.D., David A. Smith, M. D., and Ella L. Taylor, only daughter of Edward L. Taylor, all of that city.

DIED.

ALLEN.—In New York, April 3, Elizabeth Bissell, only daughter of Dr. T. F. and Julia Bissell Allen, aged 2 years, 5 months, and 24 days.

DAVIES.—April 1, at May's Landing, N. J., Victorine Virginia, in the 22d year of her age, daughter of Dr. Jas. N. and the late Amanda P. Davies, and grand-daughter of Dr. Henry Davies, of Sunnyside, Amherst county, Virginia.

MOREHEAD.—In New York, suddenly, April 1, David C. Morehead, M. D., in the 49th year of her age.

POLHEMUS.—March 16th, Effie Polhemus, wife of William P. Lyon, of New York, and daughter of Dr. John Polhemus, of Clarkstown, New York.

WISTAR.—In this city, on the 4th inst., Dr. Caspar Wistar, Sen., in the 66th year of his age.

OBITUARY.

Died, in Upper Egypt, on the river Nile, twenty miles above Edson, on the 27th of Jan. 1867, RUSSELL B. BROWNELL, M, D., of Sharon, Connecticut, in the 29th year of his age.

In the death of Dr. BROWNELL, the medical profession have lost one of their most useful and promising members; and his many personal friends will hear with deep regret, the intelligence of his early decease. His whole life was one of earnest application and study, and especially so in the pursuit of his profession, of which he was an ardent and indefatigable student. After receiving his classical education at Marietta College, Ohio, he began his medical studies with Dr. WEBER of Cincinnati, and from there proceeded to New York, and entered the "Bellevue Medical College," where he graduated during the session of 1863 and 1864. He then held the position of "House Surgeon" in Bellevue Hospital for the period of two years, and during the latter part of his term, occupied the post of "Senior Surgeon" of the "Charity Hospital" on Blackwell's Island, during this time being also elected "Curator" of the Bellevue College Museum. About this period symptoms of pulmonary tuberculosis presented themselves, doubtless contracted by his close application and confinement within the walls of the hospital, and autopsy room, and after being strongly urged and advised, he thought best to accept the position of surgeon on board the Steamer "Arago." This he held for the period of eighteen months, but without any apparent benefit to his health; on the contrary, it was evident that his disease was steadily advancing. Thinking that a warmer climate might act more beneficially in his complaint, and be the means of prolonging life, he started from New York with a party of gentlemen intending to make a tour through Egypt. On reaching the latter place he found himself gradually growing worse; still that indomitable energy which had always characterized him, continued to urge him forward, till finally, in his passage up the Nile, he was seized with a sudden pulmonary hæmorrhage, which caused his death about ten minutes after the attack. A post-mortem examination (which he especially desired,) showed an abundant deposit of miliary tubercles in both lungs, there also being two cavities in both their *apices*. His body was interred in the vaults of a convent near by, his grave being hewn in the solid rock. Thus has passed away the sincere Christian, the earnest scholar, and perfect gentleman, his last words being a prayer to his God, that He would "forgive his sins, and take him to His home."

G. A. S.

THE

MEDICAL AND SURGICAL REPORTER.

No. 529.] PHILADELPHIA, APRIL 20, 1867. [Vol. XVI.—No. 16.

Original Department.

Communications.

THE ETIOLOGY OF SPECIFIC DISEASES.

By W. R. Chisholm, M.D.,

Of New Bedford, Mass.

(Concluded from page 307.)

We come now to *endemic diseases*. These diseases are sometimes called "local epidemics," but they differ from epidemics inasmuch as they are not *infectious* or *contagious*. They do not spread outside of localities in which they originate.

There are but few diseases which can properly be classified under the head of endemics. Intermittent fever and goitre are the principal.

Intermittent fever to the student of etiology, is a subject of intense interest, not only because its phenomena are mixed, strange, and peculiar, but also from the fact that Dr. J. H. Salisbury, of Ohio, has recently announced that he has discovered its cause to be a certain microscopic cryptogamous plant.

Dr. Salisbury deserves much credit as a patient and laborious investigator, but I am far from being convinced that the fungus he discovered in the soil of a malarious district is the true cause of intermittent fever. The phenomena of the disease are such that I am forced to believe that its cause will yet be found in some form of *animal* rather than vegetable life.

Let us examine a few of the principal phenomena of the disease and see which theory will best explain them.

First. It is endemic and will not spread out of certain districts which are called *malarial*. If an infected person leaves a malarial district he carries the disease with him and may suffer from it for years, but he cannot impart it to other persons with whom he may come in contact. No person can take the disease without going to the fountain head, a malarial district.

It seems evident then, that the cause of intermittent fever is not reproduced in the human system, or if reproduced, that it does not leave the system to infect other individuals.

If the disease is caused by a fungus, we must suppose the human body to afford the proper soil in which its spores can germinate; and if they do germinate in the system, then they produce perfect plants in *one term of life*, as is the law of cryptogamous plants. These plants would of course reproduce spores precisely like those which originally caused the disease. Dr. Salisbury found these spores constantly present upon the mucous membrane of the mouth, the tongue, and in the salivary secretion and expectoration of those laboring under intermittent fever.

Now, why is the disease not infectious? What prevents these spores from floating about in the atmosphere and infecting fresh victims? We may be answered, that the spores can live only in a *malarious atmosphere*, if such a term is allowable; that they would disperse and find fresh victims in a malarious district, while they would perish in ordinary air. Now I ask, can we conceive spores so sensitive and with vitality so frail that they would at once perish in an ordinary atmosphere, while they would flourish in malaria, or "bad air," which differs so slightly from pure air, that the most sensitive instruments known to science fail to detect the difference?

But Dr. Salisbury has himself shown that these spores do *not* require a special atmosphere, for he claims to have produced intermittent fever outside of malarial districts.

From an account of his discovery in the Medical and Surgical Reporter of Feb. 17th, 1866, I quote the following paragraph:

"The author has made experiments relative to the production of intermittent fever in localities entirely free from malarial influences, by carrying boxes filled with surface earth from a malarious drying prairie bog, covered with the palmellæ, to these localities, and exposing persons to their emanations. Attacks of intermittent were the result."

Again I would ask, why is not intermittent infectious everywhere? Has not Dr. S. proved a little too much? But will the animalcular theory explain why intermittent fever is endemic and not infectious!

In the first place, we may assume that animalculæ are more sensible to occult conditions of the air than are the spores of cryptogamous plants. But the strongest argument I think is, that they may pass through several stages of existence, and that the human system can only nourish them in one of these metamorphoses.

An animalcule corresponding to a perfect insect may deposit eggs in the human system, which may be developed into *larvæ;* these larvæ may find an element in the system on which to feed, but in changing to another form it may be necessary for them to leave the body and to pass the next stage of their existence in a peculiar air or soil, where the essential elements of their life are found. On leaving the human body, as they are not perfected, they cannot deposit eggs in other bodies, and if they do not find proper food in the air or in the soil, they must perish.

Second. The cause of intermittent fever is *most active at night.* Dr. Salisbury says that his spores rose highest at night. It is natural to ask *why* they do this, and *how* they do it. If not possessed of locomotive powers, they must rise by *floating;* and a necessary condition of a floating body is that it must be lighter than the medium in which it floats. Now does the air grow heavier every night; or do the spores grow lighter? Does the barometer always rise at nightfall? Admitting that the air is *condensed* at night, it is only because it is cooler, and now we may suppose that the motions of these spores are governed by the *temperature* of the air.

It ought to be safe then to go into a rice swamp on a hot night, and dangerous to enter it on a cool day. In spite of the plausibility of this theory, if I was obliged to enter a malarial swamp, I would prefer to do it in daylight, and *the colder the day the better.*

Another consideration: Dew falls at night, especially in swamps. Dew has a tendency to condense on solids, especially upon plants. Is it not reasonable to suppose that dew would condense on Dr. Salisbury's spores, *and weigh them down* at night? Naturally one would suppose that these spores would float in the air in bright hot sunshine, and that they would sink to the earth at night.

Will the animalcular theory account for *malaria* being most noxious at night? I can only answer, that many species of animals, especially insects, are known to be nocturnal in their habits.

Third. The cause of intermittent fever lies near the surface of the earth. This fact is so well known to medical men, I will not attempt to prove it. What I have said to account for malaria being most noxious at night must suffice to explain this fact.

Fourth. Malaria is attracted by and attaches itself to vegetation, or as is sometimes said, it has an *affinity* for trees, which affinity is not easily broken, even by strong winds. On this head, Dr. Watson says, "Another remarkable property of the marsh-poison is its attraction toward and adherence to the foliage of large umbrageous trees. So it is very dangerous in malarious districts to go under large thick trees, and still more dangerous to sleep under them." And again, "In the territory of Guiana, where large trees abound, the settlers live fearlessly and unhurt close to pestiferous marshes and to leeward of them, provided that a screen or belt of trees be interposed." Now how can a belt of trees hold the spores of a cryptogamous plant against a strong wind? Would the settlers in Guiana, who live to *leeward* of pestiferous marshes, be safe if the cause of intermittents was dust, pollen, or *spores?* I will not waste time in showing that animalcules could hold on to the trees, but will proceed to examine other phenomena.

Fifth. Malaria cannot cross water, even though the wind be blowing in that direction. A narrow stream of water to *leeward* of an infected district is an effectual barrier to the disease. A ship may anchor close under the lee of an infected shore, and none of the crew will take the disease unless they land upon that shore. Why would not Dr. Salisbury's spores be blown across a narrow stream of water, especially *at night,* when he tells us *they float in the air,* and rise "from *thirty-five to one hundred feet and more above the surface*"?

Sixth. Intermittent fever, like epidemic diseases, *chooses its victims.* In the white race, both sexes and all ages, from the fœtus in utero to the nonogenerian, are liable—but men in the prime of life are most so; while the African race is almost entirely exempt. I need not repeat here what I have already said about choice of victims under the head of epidemic diseases.

Finally. We may gain some knowledge of the nature of a disease by studying its therapeutics, or in considering the nature and mode of action of such drugs as experience has shown to be efficient remedies for it. Now it is an instructive fact that various bitter medicines will cure intermittent fever. Before the introduction of quinia, very many bitter plants had been found useful; and it would seem that whatever *embitters the blood* has a curative influence in all cases of intermittent fever. Does it not appear plausible that animalcules would be more easily driven out

of the system by the small quantity of bitter vegetable principle circulating in the blood, than would any form of vegetable life?

Dr. Salisbury prosecuted his researches in the right direction, and he used the proper instrument, the microscope, to aid him. It is quite possible that he actually saw the true cause of intermittents, but did not recognize it. We are told that in the salivary secretion and expectoration of those laboring under intermittent fever he discovered "a great variety of zoosporoid cells, *animalcular bodies*, diatomes, dismidia, algoid cells, and filaments and fungoid spores."

One other class of specific diseases, the *pandemic*, remains to be considered. The word pandemic is defined in the dictionaries to mean "an epidemic affecting all the people of a country." I do not know of any such disease, and if such a one exists it is an epidemic, and we do not need the word pandemic to describe it. We do need a word, however, in contradistinction to endemic, expressive of a *universal disease*, one that is known everywhere in all countries; and in that sense I will use the word pandemic. Without attempting to name all of the diseases which should be classified as pandemic, I will say that phthisis is in my opinion the principal one.

Admitting two forms of phthisis, one following repeated attacks of catarrh or pneumonia in a debilitated subject, and the other resulting from tubercles in the lungs—the former ought to be considered a general disease and the latter a specific one.

Specific or tuberculous phthisis may well be called a pandemic or universal disease, for it attacks all varieties of the human race in all countries and in all climates. The only point to be considered here is, is tubercle a specific germ, having the power of reproduction?

In the first place we may remark that in many European countries, especially in Italy, the disease is held to be contagious. In our own country there are many intelligent observers who advocate the same theory. But *tubercle may be transmitted by inoculation.* I quote the following from the *Medical News and Library*, Jan. 18, 1867, in which it is copied from the *Med. Times and Gazette.* "In the *Gazette Hebdomadaire*, we have a continuation of M. Villemin's researches as to the inoculability of tubercle. In rabbits he has again and again succeeded in reproducing it in this manner, not only when taken from the human subject, but still more rapidly when derived from the cow; further, the tubercular matter thus produced in one rabbit, could in like manner be transmitted to another, in the same way as syphilis."

It will be observed that M. Villemin derived some of the tubercles from the cow. It would be interesting to know if tubercles found in the cow, and those of the human subject are identical. If so, then we have an exception to the general law, that a specific disease attacks only one species, and is innoxious to all others unless its germ be transplanted; and for that reason I am strongly inclined to believe that the two kinds of tubercle are distinct. In confirmation of this view, it will be noticed that M. Villemin found tubercles developed in the rabbit, *still more rapidly when derived from the cow.* Further observation will probably discover other points in which cow-tubercle differs from that found in the human system.

Having now cited examples from each of the classes of specific diseases, and endeavored to show that they are caused by living germs, I will now attempt to promulgate the principal laws which govern them. I regard this as the most difficult portion of my task.

In the science of etiology we deal with the mutable principle of life. Diseases being the results of living organisms acting upon living organisms, are always more or less erratic, and do not appear to be governed by laws of mathematical precision, such as belong to astronomy and to chemistry.

Laws of nature relating to inorganic matter are fixed and invariably enforced; but nature appears to partially relinquish her hold upon living matter, and to allow the principle of life to control it in part. Thus in the human body the law of gravity appears to be suspended, and the blood circulates in the head as well as in the feet; the laws of heat are suspended, and the body maintains its normal temperature; the laws of chemistry, and the stomach is a laboratory having laws of its own, which the life principle may alter or amend. Thus while physical laws are immutable, vital laws are erratic and liable to freaks. The freaks of nature are the freaks of vitality.

No one great fundamental law governs in disease as the law of gravitation governs in the physical world, but we require several laws to explain their phenomena. In fact, the phenomena of a disease when occurring with regularity, may be said to be its laws. With this explanation we offer the following as approximating the time:

Laws of Specific Diseases.

1. A specific disease attacks only one species of animal or plant, and is innoxious to all others unless its germ be transplanted.

2. A specific germ can never cause but one disease.

3. A contagious disease, when exclusively so, is always foreign to the species in which it is found, and must have originated in some other species to which it is infectious and from which its germ was transplanted.

4. A transplanted disease is never infectious to the new species, and it can only be transmitted in that species by inoculation.

5. A specific disease is not changed in character by transplanting, but it retains its individuality under all circumstances; being always infectious to the species in which it originated and contagious to that in which it is transplanted.

6. Epidemic diseases require as essential conditions, first, a specific germ; second, an epidemic constitution of the air; and third, a predisposition of individuals of the human race.

7. The element essential to the existence of an epidemic—known as the epidemic constitution of the air—is always exhausted by the disease itself, and thus the duration of an epidemic is always limited, seldom exceeding ninety days.

8. The germs of an epidemic disease require a special pabulum upon which to feed while in the larval state, the presence of which in the human system constitutes the predisposition to disease.

9. The germs of an epidemic disease do not act immediately upon the human system, but require a certain period of time for development, which period constitutes the period of incubation.

10. The perfect organisms have the power of passing through the air a limited distance from an infected person, and thus the disease spreads by infection.

11. The germs may be transported in clothing or other goods or merchandize, and thus epidemics are carried westward by commerce.

12. If the pabulum of a disease is exhausted by a single attack, the disease cannot recur until that element has been redeveloped.

As this essay is already too long I might well close here; but I wish to add a few brief arguments in support of the theory of the organic nature of the cause of specific diseases.

First. A disease may become extinct, as a race of animals or a species of vegetation. Many diseases mentioned by ancient writers are now unknown. The terrible leprosy spoken of in the Bible is probably extinct, and the pustulous plague which devastated London in the 17th century we hope will never again appear.

Second. Contagions are destroyed by agents which destroy animal life. Excessive heat or cold, poisonous or suffocative gases, as chlorine or sulphurous acid; chemicals, as carbolic acid, iodine, bromine, etc., these are the agencies we employ as disinfectants, and they will all destroy life.

Third. Epidemic diseases are analogous to epiphytic diseases, and these latter, so far as their causes are known, are always caused by parasites.

Fourth. Epizootic diseases are also, in many cases, known to be caused by parasites, and it is reasonable to suppose that future observation will reveal that others are. A most interesting fact has recently been discovered in England. "*The flesh of cattle dying from rinderpest, or killed while affected with it, is found in all cases to be swarming with animalcules.* To show the great abundance of living organisms constantly swarming around us, although unseen by our unaided vision, I quote the following extract from a correspondent of the *Medical Press and Circular*, signing himself S. G. O., in the number for Sep. 26th, 1866.

"There is no surface which can be exposed, which is not forever swept by a cloud of organisms floating in the air, ærozoa as I have named them. Many of these we may trace and name and build theories about them, but *there is a vast mass I believe, which not even the greatest powers of the modern microscope can reach.* Of these we can see there are many of which we know nothing, they may be very poisonous, or they may have their part in the economy of health." "There can be no doubt that there are floating matters, particles, germs, molecules, fungoid spores, or whatever we may please to call them, which do vary according to the source from which we obtain them, but I have ever found with these there were others to be found *at all times in the purest atmosphere.*"

A vast majority of these ærozoa must evidently be innoxious to the human race, but I firmly believe that some of them cause specific diseases, and that others affect the health of man without causing actual disease. The effects of different climates upon the *physique* and health of man leading to national traits and peculiarities, are not caused by differences of temperature, by the presence or absence of moisture, nor by any meteorological conditions. What is it that transforms the fat and florid Englishman or German into the thin and sallow Yankee? The dryness of our climate some will say. It may be that the average air of America is dryer than that of England, but it cannot be true that the air of our seaboard is dryer than that of the interior of Northern Europe.

In no country of the globe is food more abun-

dant than in the United States, and the people of no other nation are better fed. Yet the Yankee is seldom fat, and the lean ones cannot get fat, eat what they will. There appears to be some cause constantly operating to sap and exhaust them, so that they are never properly nourished; that this exhaustion is not owing to the evaporation of the animal fluids caused by the dryness of the air, is proved by the fact that in some districts far west, Minnesota for instance, where the air is far dryer than in New England, the inhabitants are fat and plump with clear complexions.

Invisible parasites, sapping his life blood, make the Yankee lean, and parasites irritating his nasal passages, making catarrh almost a universal disease, cause the nasal twang peculiar to his speech, and also the disgusting habits of hawking and spitting.

Let a lank Yankee from Vermont with dry crisp light hair ship on board of one of our whale ships for a three or four years voyage to the Pacific, and he will usually return with rounded limbs, and always with *moist hair* two or three shades darker. I have noticed that whalemen returning from the Pacific almost always have glossy hair, which is well oiled by the natural secretions of the scalp.

Not only do parasites cause diseases and national peculiarities, but they also cause decay. Decay of organic matter is not a process of oxidation merely, *but dead organic matter is consumed by living organisms.*

I do not purpose to pursue this subject here, but at some future time I may attempt to show that *disease is decay before death*; *decay, disease after death.*

ON THE TREATMENT OF DIPHTHERIA.

By H. Fischer, M.D.,

Of Harrison Co., Indiana.

If you find the following remarks on the treatment of diphtheria worthy of being published in your valuable journal, I shall feel highly gratified. Let me state that I am a German, and find it often difficult to express my thoughts pertaining to matters of every day life, even in such a manner as I would wish to, and could in my mother tongue—how much more difficult must it be to discuss scientific questions, and to explain and defend positions, which are at present at variance with the usually adopted theories and practice of the medical profession? But I hope the above statement will, in charity, be considered a mitigating circumstance, if I fail to express myself in the best king's English. I justly pre-suppose that every physician, and especially every reader of the Reporter, is fully acquainted with the pathology of diphtheria, and I shall therefore not attempt to repeat here descriptions which have been given before, by abler and more fluent writers.

I intend to make only a few remarks on the treatment of diphtheria, or rather give the details of a treatment which I have pursued for the last five or six years, and which, so far, has in my hands been eminently successful, to such a degree that I think diphtheria a readily controlable disease, contrary to the generally expressed opinion, "that it is almost beyond our control."

I have treated diphtheria at all seasons of the year, in subjects of all ages, in the country and the city, in different parts of the State, hundreds of miles apart, and never lost a patient yet by it, although I had several hundred cases to treat in the above-mentioned space of time. I make this statement not boastingly, but I wish to induce others to try my plan of treatment. I would like to see it tested, whether my luck is due to accident, or the superiority of my treatment.

A large proportion of all cases of diphtheria are of a mild character, and would probably get well without medication, but still it is well never to neglect a case, mild though it may appear at the outset. I remember some such cases, which caused me much annoyance and some sleepless nights for my neglect.

Five or six years ago, diphtheria made its appearance in this part of the State in the epidemic form; it was very fatal, and almost caused a panic amongst parents; children being mostly the victims, although adults were attacked very frequently with the same fatal result.

The treatment at that time was about the same as it is to-day; tonics, stimulants, local application of nitrate of silver, in substance or solution, tinct. of iodine, perchlor. iron, etc. Observing the great mortality in spite of treatment, I supposed that it hardly could be greater if a different one should be adopted.

The first case which came under my control for treatment, was of a sthenic type; the subject, a strong robust country girl, æt. 13 years, of a nervous lymphatic temperament. High fever, hot and dry skin, flushed face, tonsils and uvula much tumefied, thickly covered with diphtheritic deposits, tongue coated, as if with the same substance, nares also stopped up, her breath highly offensive, fluids regurgitating through the nose if she attempted to drink, her voice hoarse, a short grating cough harassing her much. She complained of pain in her throat, and head, and

belly; she was very restless, and seemed to be in much distress. Under these circumstances I had the courage to follow my own instinctive suggestion. In the first place, I gave her a mild saline cathartic of infus. rhei, with sodæ et potass. tartras, following it with a mixture of chloride of ammon., syr. ipecac., vin. antimon., spir. æth. nitr., and applied to the neck and throat cold water poultices; gave a gargle of infusion of sage leaves, with alum, honey, and vinegar. Under this treatment I had the pleasure to see her recover in a short time.

Although I have modified the above treatment to suit individual cases, and meet indications resulting from the type of the disease, it is the basis of my treatment.

Much anxiety and care is manifested by most physicians, to remove as quickly as possible the diphtheritic deposit, as if it were the disease, and not merely a symptom. Strong caustics and astringents, even forceps, are used to accomplish this object. I consider this practice highly objectionable, and never was guilty of it; never employed any nitrate of silver, iodine or iron, but always use gargles for this purpose; in mild cases, mostly nothing but salt and water. In individual cases, where the poison, from its limited quantity in the system, is all eliminated, or perhaps where it may have been neutralized by remedies, in such cases the forcible removal of the dipththeritic membrane may do no harm; but since its presence in those localities, from which it can be removed by mechanical means, is of little importance, the removal is of questionable benefit.

It seems to me this diphtheritic deposit serves the purpose to protect the diseased and highly sensitive mucous membrane underneath, against external violence during its diseased state. Its forcible removal will certainly increase the irritation.

If diphtheria is a blood disease, why not believe that nature makes the attempt to eliminate the poison by this very deposit? And that she chooses principally the mucous membrane in the first place of the fauces, next the larynx and trachea? Now if the function of that part of the mucous membrane, which covers the fauces tonsils, etc., is impaired or altogether suppressed by the administration of caustics or astringents, the exudation of diphtheritic deposit and consequent elimination of the specific poison cannot take place in such parts, but nature will attempt to call into action some other part of the mucous membrane, which has not been thus mutilated. Consequently, the deposit invades the larynx and trachea, where its presence causes the most serious complication of diphtheria, the croupal form, which, I believe, is rarely seen at the time of the first attack of the disease, but mostly induced during its course.

The object of my treatment is threefold:

1st. To subdue inflammation.

2d. Eliminate the poison.

3d. Support the system.

To accomplish the first, I attach the highest importance to the application of external remedies, in the shape of a poultice or dressing. The following formula I have found to answer most satisfactorily:

℞. Aquæ ammon., tinct. camphoræ, chloride ammon., of each one ounce. Aquæ pluvial, one quart. Misce. To apply this neatly and effectually requires some care, and I generally fix the first dressing myself. On it depends principally the success of my treatment. I take a piece of coarse soft muslin, or linen, of a size to answer the individual case; I double it, or fold it up four times, like a cravat, then moistening it thoroughly with the above solution, taking care to squeeze out all superfluous moisture, to prevent it from running down under the patient's clothes. This must be done quickly, or the ammon. will all evaporate before applied. I then lay it around the neck of the patient. The cloth ought to be long enough to reach all around the neck, and lap over a little. It ought to come up as high as the inferior maxilla bone will permit.

I lay it on smoothly, not too loose and not too tight; over this wet cloth I apply a flannel roller three or four turns, being careful to cover every part of the wet cloth. This dressing I renew about every three hours, or oftener, if much heat is present and the cloth becomes hot and dry.

The action of this dressing is very prompt, reducing the tumefaction and removing the pain. It is also very grateful to the feeling of the patient. In small children and tender-skinned patients it will produce small red pimples, which will become quite painful sometimes, so that the lotion has to be diluted with water, or simple water has to be substituted altogether for a day or two. This dressing I continue until all diphtheritic deposit has disappeared.

If the case is protracted and not very urgent, I omit the dressing through the daytime, and only put it on at night, directing the neck and shoulders to be well sponged with cold water and rubbed dry with a coarse towel; being careful to keep the neck well covered with a soft woollen comforter when the dressing is off. From obvious reasons it is advisable to keep the pa-

tient in-doors when the dressing is on and the weather not warm and pleasant.

I make use of this wet cravat in all forms of diphtheria. In the sthenic simple form I change it oftener and use it more diluted to get the cooling property. In asthenic typhoid cases I use it stronger, with longer intervals of change, to have its stimulating action. The croupal form demands its application over neck, breast, and shoulders.

In three cases, however, where it failed to give relief, I obtained my end by the application of a large blister on the breast. The blistered surface became thickly covered with diphtheritic deposit; the patients recovered.

To meet the second indication, to eliminate the poison, I employ such remedies as I think have a specific action on the mucous membrane, combining them with diuretics.

In sthenic cases I give at first a mild saline cathartic, such as Rochelle salts with infusion of rhubarb. In typhoid cases I give castor oil, with ol. terebinth. Then I prescribe the following:

℞. Ammon. chlorid.,
Acet. potass.,
Spts. æth. nitrici, āā f.℥ij.
Syr. ipecac.,
Syr. scillæ comp., āā f.℥ss.
Aquæ, f.℥ij. M.

S. One teaspoonful to children, and one tablespoonful to adults every three hours, diminishing or increasing the dose according to age.

In typhoid cases where there is much prostration, I use in addition to the above some wine or brandy in moderate doses, besides a nourishing diet of beef-tea. Also quinia et ferri citras in proper doses.

For children I frequently substitute the chlorate potass. in place of the chlorid. ammon., the taste of the latter preventing its use, but it is far superior to the chlorate potash. Tr. ferri. chlorid. I have never employed, although it is the generally acknowledged sheet-anchor in diphtheria.

To eliminate the poison I consider gargles very important, because they will stimulate the mucous membrane to healthy action, besides diminishing inflammation and removing the diphtheritic deposits.

As mentioned above, in mild cases I order salt and water only, or the infusion of sage, f.℥xvj., with alum, ℥ss., honey and vinegar, āā f.℥j.

In some cases, when it is desirable to remove the accumulated deposit when it is undergoing putrefaction, and when the tumefied tonsils and uvula actually block up the whole passage, (I have seen the uvula as large as a hickory-nut, looking like a clot of pus,)—in such cases I use the following gargle:

℞. Capsicum, f.℥ij.
Mellis,
Potass. chlorat., āā ℥j.
Acid acet., f.℥j.
Aquæ fervid., f.℥xvj. M.

S. Gargle.

Adults will use it as a gargle, but in children it has to be applied with a sponge fastened to a stick.

To support the system, I find it only necessary in typhoid cases to interfere actively, and I have never found much trouble in that respect, contrary to general opinion. Emetics in urgent croupal cases ought not to be neglected. But my paper has become so lengthy already, that I must break off at once or I may fill several more sheets, to the detriment of more interesting matter.

CANCER OF RECTUM, BLADDER, AND URETHRA; DEATH; AUTOPSY.

By J. Calvin Mead, M. D.,
House Surgeon, Bellevue Hospital, N. Y.

P. G., 22; United States; admitted into Bellevue Hospital May 8th, 1866.

His family has been healthy with exception of the mother, who died of phthisis in April 1865. He had enjoyed good health until about one year before admission. At that time he was troubled with flatulency; had considerable difficulty in passing his motions, and strained much while at stool. A month or two later, he experienced pain about the sacrum, at times shooting down the limbs. Soon the habitual constipation was replaced by diarrhœa and hæmorrhage from the rectum, which greatly weakened him. The pains in the rectum, perineum, and limbs, increased in severity. Three weeks before admission to hospital, on rising one morning he could not pass his urine. A physician catheterized him, and gave him an instrument with instructions as to the mode of using it. This he passed without difficulty on the same evening, but on the following morning, not succeeding so well, he used considerable violence, and on withdrawing it (without accomplishing his object,) there was a flow of blood from the urethra, which continued about an hour. Subsequently blood was always mingled with the urine.

On admission patient was very pale and much emaciated, presenting a sallow, cachectic, appearance. A sanious discharge was passing from the rectum constantly, adding much to his discomfort. The integument around the anus is greatly indu-

rated, and the mucous membrane so thickened and everted as to resemble hemorrhoids. A physical examination of the rectum showed calibre of tube much diminished by a fungus growth which bled readily when touched. The necessary examination caused much suffering. The prostate body seems to be enlarged. There is a chain of enlarged glands in either groin. (Has never had a chancre.) Morphia was freely administered by hypodermic injection, and, when the pain in the rectum became aggravated, suppositories of opium were used. He was also placed upon the use of cod-liver oil, iron, quinia, nourishing diet and stimulants.

May 12th. Case examined by Drs. Van Buren, Gouley, and others, and diagnosis of cancer of rectum confirmed. A physical examination of lungs, showed slight consolidation at the upper lobe of left lung. Two hop hip baths daily, promoted his comfort and enabled him to pass the urine without the aid of a catheter. He gradually failed, and died May 22d, 1866.

Autopsy 12 hours after death. The rectum and genito-urinary apparatus were removed and examined.

Rectum. For an inch around the anus, the inter- and subcutaneous cellular tissues were indurated by cancerous infiltration. The mucous membrane of lower portion of rectum was everted. The lower inch of the rectum was so indurated and contracted, that only with great difficulty could the finger be introduced into the gut above. Beyond this the intestine was distended to twice its natural diameter. The mucous membrane was sloughing and of a greenish hue. At a distance of four inches above the first stricture, there was a second, quite as contracted. The remaining portion of rectum was apparently healthy.

Bladder. This organ contained six ounces of a dark viscid fluid of a chocolate color and very offensive odor. At the trigone and neck there were a quantity of white streaks and some cancerous matter in masses imbedded in the mucous membrane.

Urethra and Prostate. The prostate and prostatic portion of urethra were deeply involved in the disease. There was a longitudinal deposit of cancerous matter under the mucous membrane of the whole extent of the membranous portion, lessening its calibre very much.

Kidneys—Fatty; weight 18½ ounces.

No other organs could be examined. The deposit at the apex of the lung may have been malignant in its nature.

Microscopical examination confirmed the diagnosis, by showing cancer cells in abundance in specimens from rectum, bladder, urethra, prostate and inguinal glands.

The chief point of interest in the case, was the age of the individual in whom it occurred.

Curling records one case at 23. Ashton states that a specimen "taken from a boy," was presented to the Pathological Society in 1846.

CASES OF SPERMATORRHŒA.

By W. E. Whitehead, M. D.,
Capt. and Ass't. Surgeon, U. S. A.

Case I. Mr. C——, a civil engineer, æt. 24 years; single; sanguine lymphatic temperament. He had always enjoyed robust health, had been engaged in out door occupations nearly all his life. Mr. C., was not addicted to any bad habits, he never used tobacco or liquors, nor did he visit houses of prostitution. He was a close student, and occupied his time, when not in the field, in the diligent study of his profession. First noticed the unnatural discharge of semen when about twenty-one years old, it then occurred about once a month most always accompanied by voluptuous dreams. In the course of a few months the interval was diminished in length from four, to three and two weeks, and finally during the year previous to consulting me, the seminal emissions recurred two and three times weekly.

When I first saw him, he complained of having seminal emissions two or three times a week, often accompanied by dreams; some general debility; nervous; want of appetite; frequent desire to urinate, often only able to pass a few drops of urine, preceded or followed by discharge of several drops of a glairy fluid; had a deep seated pain in the perineum; great weakness of eye-sight with a burning pain in the eye-balls. This last symptom, I have observed in every case of this disease that has come under my observation. The patient generally complains of heat, dryness, and some degree of dimness of sight of both eyes, and he has a desire to rub or moisten them frequently. Upon examination I found the testicles slightly atrophied, firmly drawn up against the pubic bones, sensitive, and painful upon the slightest touch. The prostate gland was tender, and when pressed upon with the finger in the rectum, a small quantity of glairy albuminous looking fluid could be forced out per urethra.

Treatment. *Dietetic*; ordered a generous and nourishing diet of easily digested food, to avoid stimulants of every kind.

Hygienic—Directed the patient to sleep in a cool room well ventilated, with but light bed-covering, to recline on his side and avoid sleeping on his

back; to take a cold or tepid sitz-bath every night before retiring, to avoid all causes of venereal excitement. I would here state, that in ordinary baths for patients, I generally let them try whether the cold, tepid, or warm bath agrees best, for should the reaction be too violent after a bath, there is very apt to be some venereal excitement set up; the object being to allay excitement.

Medical. Ordered preparations of iron and quinia separately, and combined to tone the system; at bed time, ext. hyoscyamus, camphor, and lupuline alternately: injections of tinct. iodine; argent. nitratis in solution; more particularly tinct. iodine with glycerine, one part of the former to four or seven of the latter, according to the amount of urethral irritation there may be. I always make the injections myself, at first every other night, and at longer intervals as the emissions become less frequent. Following this plan of treatment for four months resulted in a permanent cure in Mr. C's case.

Case II. Mr. N——, note broker; æt. 23 years; married; nervo-bilious temperament. Mr. N. had always enjoyed good health; habits very temperate; was engaged in an exciting out-door business. First had involuntary seminal emissions during the time his wife was convalescing from her first parturition. Seminal emissions recurred two or three times a week, producing great nervous debility; severe frontal headache; great heat and irritation of the eyes; testicles painful and sensitive to touch, scrotum relaxed; discharge of glairy fluid per urethra after urinating, and upon making pressure per rectum on the prostate gland. Appetite fair; bowels regular, urinated no more frequently than usual; sleep disturbed; occasionally voluptuous dreams.

Treatment. *Dietetic:* To have nourishing, easily digested food, small glass of claret wine at dinner, to take meals regularly, light supper, not to use tea or coffee.

Hygienic: To sleep alone in a cool well ventilated room, upon a hard hair mattrass, with light woolen bed-covering; to take a cold sitz bath, also injections of cold water per urethra and per rectum night and morning; to keep the bladder empty, rise every morning at five o'clock to urinate; avoid all venereal excitement, and not to have carnal intercourse at all. To continue (as was his habit,) to exercise in the open air daily.

Medical: The patient was ordered to take one or more five grain pills of ext. hyoscyam., camphor and lupuline every night on retiring to bed. Injections of tinct. iodine and glycerine (one part to four,) every other day for first two weeks, then less frequently. At the end of about two months, emissions of semen were much less frequent, but, owing to irritation produced by the injection on one occasion, the patient had an attack of orchitis of the left testicle, which was soon relieved by depletion by leeches and fomentations. On the third day of the attack, I made an incision through the scrotum and tunica vaginalis testis, thereby evacuating about one drachm of fluid, relieving all painful symptoms, and in a few days the patient was able to attend to his business. By reason of this attack further treatment was deferred until the following autumn, when the same injections were resumed, and at the end of three months the patient was entirely cured.

Case III. Mr. P——, a copyist; æt. 32; married; nervo-lymphatic temperament. Habits temperate; used tobacco and stimulants moderately; had always enjoyed good health, notwithstanding his close confinement to a crowded and badly ventilated room, where he was often engaged in writing from fourteen to sixteen hours daily. First attack of involuntary seminal emissions came on while he was suffering from great mental anxiety owing to serious family troubles, necessitating the confinement of his wife to a lunatic asylum. Emissions of semen recurred twice a week, producing debility, indisposition to perform his usual duties, frontal headache, heat and pain of eyeballs, confusion of ideas, inability to concentrate his thoughts upon one subject for any length of time. Appetite bad; bowels constipated; urine hot and caused some scalding; micturition frequent; glairy fluid followed each discharge of urine, and could be forced out by pressure upon the prostate gland; testicles normal; some tenderness of spermatic cord; heavy pain in the perineum and vesical region.

Treatment. *Dietetic:* The patient was directed to take his meals at regular hours, to have a small glass of lager beer at dinner, to make a light supper, food to be plain and nourishing, not to use tea, coffee, or tobacco.

Hygienic: To walk from two to four miles per day, to sleep on a hard bed with light bed-covering in a cool room, to be regular in his hours of retiring and rising from bed, to use sitz-bath of cold water morning and evening, also, cold water injections per urethra and rectum at bedtime, to avoid all excitement of a venereal nature, to empty the bladder at 4 o'clock, A. M.

Medical: To take one or more five grain pills of ext. hyoscyam. and camphor at bed time, occasionally two pil. cath. co.; injection of tinct. iodine and glycerine (one to five) was used twice a week for three or four weeks, gradually length-

ening the interval; in three months Mr. P—— was cured.

Case IV. Capt. R——, U. S. A., æt. 25, single; nervous temperament. Habits regular and temperate, seldom used tobacco or stimulants, had always enjoyed good health. First had involuntary seminal emissions shortly after recovering from a recto-ischiatic abscess resulting in fistula, which was cured by an operation; abscess was result of an injury received while riding a refractory horse. Seminal emissions recurred twice and often thrice weekly; causing debility, great nervous excitement, irritability, and want of continuity of thought, a peculiar pulsating sensation in the top of the head, which was very distressing; restlessness both night and day. Appetite poor, bowels constipated, frequent call to urinate, glairy discharge after urinating and upon pressure in the perineum, heavy dull aching pain in lower pelvis; testes and spermatic cord normal.

Treatment—*Dietetic:* To take nourishing, easily digested, and unstimulating food; not to use tea, coffee, tobacco, or spirituous liquors.

Hygienic: To sleep in a well ventilated room, upon a hard bed, with light bed-covering, to lie on his side; to rise every morning before five o'clock and empty his bladder; bowels to be kept soluble by cold water injections night and morning; to take sitz-bath of tepid water three times a week; to exercise in the open air as much as possible; to avoid all excitement.

Medical: Was ordered to take ten grains of potassæ bromidi and three grains of potassæ iodidi in water three times a day, after meals, to gradually diminish the dose as the symptoms improved; to take two or three six-grain pills of lupuline at bedtime when he felt nervous. Injection of tinct. iodine and glycerine (one part to five) once a week for four weeks, and then at longer intervals. At the end of five months the patient reports himself entirely well; has gained many pounds in weight.

Case V. Mr. F——, sailor, (mate of a coasting vessel) æt. 22 years; single; nervo-sanguine temperament. Habits temperate, but a great smoker; freely addicted to excessive venery; had always enjoyed robust health. First had involuntary seminal emissions one year before consulting me, had been getting rapidly worse the past six months; emissions recurred nearly every night, often in the morning after having had carnal intercourse the night before; glairy discharge after urinating; micturition frequent; testicles painful, somewhat atrophied, and left one firmly drawn up against the pubic bones; tenderness of spermatic cord. The patient was very nervous, much dejected in spirits at times; pain in the head, pain and heat about the eyes; deep-seated pain in pelvic and lumbar regions; bowels constipated; appetite sometimes good, but generally poor; sleep disturbed by fearful dreams, occasionally of a voluptuous nature.

Treatment—*Dietetic:* To take his meals regularly, eating a light supper; food to be nourishing, unstimulating, and easily digested; not to use coffee, stimulating liquors, or tobacco.

Hygienic: As he lived most of the time on the water and had abundant exercise, sleeping on a hard bed with a blanket for covering, nothing was ordered on this score. He was directed to avoid woman's society, to eschew all venereal pleasures, to take a salt water bath (cold) three times a week.

Medical: Was ordered two or more pil. cath. co., or a small dose of Epsom salts and cream of tartar, equal parts, to be taken as occasion required to keep the bowels open; to take fifteen grains of potass. bromidi and three grains of potass. iodidi dissolved in water, three times a day, after meals. I did not use any injection in this case, for the reason that the patient could not report regularly. Three months from the commencement of the above treatment, Mr. T. reported that he was well, and was then on his way to the Big Bend mines, to dig for gold.

Case VI. Mr. S——, house carpenter, æt. 36 years; single; bilious temperament. Habits temperate, but a great smoker; always enjoyed good health; a hard-working man for several years, greatly given to venereal pleasures. Had been troubled with involuntary seminal emissions for two years, recurring once a week; profuse glairy discharge after urinating; micturition frequent; in carnal intercourse, semen would be ejected at the moment of entrance of organ. General health good; bowels regular; sleep natural, but not sound; dreams when he has an emission; testicles slightly tender; scrotum long and relaxed; prepuce very long.

Treatment—*Dietetic:* To take his meals regularly, eat good nourishing but bland food; to use no tea, coffee, or stimulants; to stop smoking.

Hygienic: To avoid all venereal excitement, to sleep upon a hard bed with light bed-covering in a cool room; to take a cold sponge-bath every morning.

Medical: Was ordered to take three times a day twelve grains of potassæ bromidi and five grains of potassæ iodidi, with two grains of ext. hyoscyamus dissolved in water. Could not use injections, as the patient lived at too great a dis-

tance (sixty miles) to report regularly. Mr. S. has now been under treatment about three months; he reports that he has not had a seminal emission (involuntary) for six weeks, and that the glairy fluid formerly discharged in large quantities, diminishes daily; also that he sleeps better, more soundly and naturally than before beginning treatment.

The instrument that I at first used to make the injections with was an ordinary silver catheter with a piston. This did not work very well, and I soon used a hard rubber syringe, with a long catheter of the same material firmly fixed to the syringe. On withdrawing the piston slowly while the end of the catheter is in the iodine mixture, you draw up about half a fluid drachm, then introduce the instrument (well oiled) as far as the membranous portion of the urethra, gently force the piston down, which of course forces out the fluid; then withdraw the instrument carefully and close the meatus with the thumb and finger for a few minutes, when you may allow the injected fluid to escape upon a piece of old rag, with which the penis should be surrounded for some time, to avoid soiling and staining the patient's under or bed clothing. The patient should be in a reclining position, and should empty his bladder just before the injection is made, and then should avoid urinating till the early hour in the morning, when he rises to urinate. Should there be a great deal of tenderness or irritability of the urethra, or should the introduction of an instrument cause much pain—as is often the case—it is a good plan to have the patient use injections of cold water, or weak solutions of plumbi acet. several times a day, before you begin with the medicated injections.

Cape Disappointment, Washington Ter.

Erie Co. (Pa.) Medical Society.

At the late meeting of the Erie County Medical Society, Drs. Wallace and Bennett were appointed to represent the Medical Society of that county at the next meeting of the American Medical Association, to be held in Cincinnati in May; and Drs. Stewart, Perkins, Whilldin and Dandall were appointed to represent the Society at the State Medical Society, to be held at Pittsburgh in June next.

—— Cause of Cholera.—Dr. Klob has, with the use of a microscope of from eight hundred to a thousand magnifying power, discovered in the rice-water evacuations millions of microscopic fungi, which in appearance differ little from the ordinary European forms; and that they form the basis of the frightful malady, and that cholera is easily propagated by their means, can scarcely any longer be doubted.

Hospital Reports.

Jefferson Medical College,
April 10th, 1867.

Surgical Clinic of Prof. Gross.

Reported by Dr. Napheys.

Chronic Dislocation of Elbow.

L. M., æt. 13. This patient comes from Delaware, and presents himself on account of an injury to the right elbow-joint, received in the latter part of the month of November last. A glance shows the nature of the accident, the case telling its own tale. There is great impairment in the motion of the forearm. He cannot carry his hand to his forehead or mouth. Flexion is greatly at fault, as are also the functions of extension, pronation, and supination. There is an unusual prominence which hangs off, as it were, from the posterior part of the elbow-joint in a very unseemly way. On contrasting the two elbows, this is very observable. Another notable feature is the marked cord-like projection formed by the inferior portion of the three-headed extensor muscle, which naturally lies nearly flat on the posterior surface of the humerus. There is also a conspicuous prominence of the external condyle, and the distance between it and the styloid process of the ulnar is three-fourths of an inch less than the corresponding measurement on the other side.

He fell in attempting to grasp the bough of a tree beyond his reach, and thus produced dislocation of the ulna backward against the posterior surface of the humerus. The case presents all of the characteristics of such an injury. More than four months have elapsed since the occurrence of the accident. A displacement of this kind may always be rectified without any difficulty immediately after its occurrence or within a short period. After the expiration of a fortnight or three weeks, the operation is already attended with extreme difficulty, and frequently the surgeon is utterly foiled, no matter what skill he may bring to bear upon his attempts at reduction. When a number of months have elapsed the case may be given up as entirely hopeless. This boy might be placed under the influence of chloroform and muscular resistance thus withdrawn, and extension and counter-extension, pressure and manipulation instituted, yet all efforts to effect a reduction would be vain. It is impossible to say why the reduction of this dislocation, so easily effected when the injury is recent, should become so difficult and impracticable within a short time, but it is true to a remarkable degree above that which is observed in dislocations of any of the other joints.

It cannot be supposed to be owing to muscular resistance, for that can be easily overcome. In some cases, perhaps, the ligaments may be torn or changes may take place in the articulating surfaces. Whatever the true cause may be, the fact is well known. Hence the importance of a correct diagnosis immediately after the injury—on the very first visit. If there should be any

obscurity on account of the amount of inflammatory swelling, the tumefaction should be reduced by means of leeches and other antiphlogistic remedies, so that within a few days a thorough and conclusive examination can be made.

In the attempt at the reduction of a chronic dislocation of this kind, sometimes the olecranon process is broken off—a very fortunate circumstance. When such is the case the functions of the joint are much improved, even if a restoration cannot be effected.

The proper method of reducing such a dislocation immediately after its occurrence is to give the patient chloroform, place him upon a chair and put the knee in the bend of the arm, and then, taking hold of the arm with one hand and grasping the wrist with the other, make the necessary extension and counter-extension. No reduction is more simple than that of this displacement in its earlier stages. And none more difficult after some time has elapsed.

This case is interesting in reference to diagnosis, to practice, and to a suit for malpractice.

Tumor on the Eyebrow.

Walter W., æt. 15. He has a little tumor at the outer extremity of the eyebrow on the right side, situated apparently immediately beneath the skin, which has somewhat of a discolored purplish aspect. The tumor is perfectly movable, and imparts to the tip of the finger, when applied to it, a sort of semi-elastic sensation. He says there is some uneasiness in it, especially when roughly handled. Four months have elapsed since it was first noticed.

The tumor was removed by making an incision in the direction of the line of the eyebrow, so as to avoid a scar. The wound was closed by one twisted and one interrupted suture.

On cutting open the tumor, it was found not to be sebaceous in character. It will be subjected to microscopic examination to determine its true nature.

The boy was directed to be careful not to take cold, to live upon a light diet, and to take a saline cathartic the next day.

Sebaceous Tumor on the Eyebrow.

John S., æt. 22 months. This child has a tumor upon the eyebrow at the same point as that from which the tumor was removed from the last patient. There is no discoloration of the skin and no pain. The child was born with it. It has grown rapidly during the last few months. This is a sebaceous tumor. Such a tumor is occasionally congenital, and is then very liable to occur about the eyebrow, sometimes on the eyelids. Under such circumstances it is apt to contain hair. How the hair gets there has not been determined, doubtless by a species of intussusception, as it is not likely the hair follicles are developed upon the cyst.

The child was wrapped in a sheet, its head held firmly between the two knees, and the tumor carefully removed, the incision being made in the same direction as in the case just operated upon, with the view to avoid a scar. The edges of the wound were brought in apposition by means of one twisted and one interrupted suture.

The tumor will be examined under the microscope, in order to determine the presence or absence of hair.

Nevus Materni.

John B., æt. 4 months. The child was born with this tumor, situated directly over the centre of the upper portion of the frontal bone, forming a considerable projection of a reddish or purplish character. It was a mere spot when first noticed, not at all raised from the surface. It feels soft, is very readily indented, and becomes tense when the child cries.

This is a nevus materni, a congenital affection, composed essentially of blood-vessels connected together by cellular tissue, and liable to occur upon various parts of the body. There are several classes of these tumors. In one the substance consists of the arteries of the part in a state of great enlargement. When this is the case the tumor pulsates synchronously with the left ventricle of the heart, and constitutes aneurism by anastomosis, so admirably described by John Bell, of Edinburgh. When a tumor of that kind is allowed to proceed unmolested it is liable to great enlargement and ultimately to ulceration, exposing the patient to the danger of bleeding to death, either suddenly or by repeated hæmorrhages.

Another form is that in which the vessels consist chiefly of veins in a state of hypertrophy. The tumor under such circumstances is usually of a purplish complexion, not as red or scarlet as it is when composed essentially of arteries.

Yet another form is mixed in character, consisting of enlarged veins and arteries, without any particular preponderance of one over the other.

The easiest and simplest mode of treating this tumor is to pass two needles through its base at right angles, and then constrict the morbid structure by means of a ligature. If excision were attempted there would be serious hæmorrhage, requiring the ligation of a number of vessels, and there might be secondary hæmorrhage. If such an operation should be undertaken, the surgeon should cut around the tumor, not into it. The safest plan is to strangulate the substance of the tumor; when the tissues mortify, a slough takes place, and the wound heals by the granulating process, leaving comparatively a small scar. The tumor here is situated near the anterior fontanelle, but there is little danger of the resulting inflammation extending to the membranes of the brain.

The child was placed under the influence of chloroform, two pins passed through the base of the tumor at right angles, and its substance strangulated by a stout well-waxed ligature drawn firmly, diminishing it very much in diameter. The child may have a little pain when it wakes up, which will be relieved by three drops of laudanum. No application need be made to the tumor. Prof. Gross never knew any serious inflammation to arise from such an operation.

Irritability of the Bladder.

Wesley C., æt. 14. He has suffered for two years with irritability of the bladder. He passes urine every few hours during the day and night; urination is painful; the stream of water is fre-

quently interrupted; on Christmas he passed blood; he feels sick at his stomach sometimes, and is weaker than he used to be. He presents many of the natural signs of stone in the bladder. He has rather a long prepuce, and grasps the parts frequently in order to relieve himself.

A sound was oiled, warmed. and passed into the bladder. No stone could be detected; the coats of the bladder appeared to be fasciculated, columniform, as if the muscular coat was very much thickened. As his bladder was empty, the sounding will be repeated at a future time, when care will be taken that it shall not contain less than two and a half or three ounces of water.

Enlarged Tonsils.

Robert S., æt. 17. He has enlarged tonsils. This patient and the one with the sebaceous tumor present examples of tumors of a hypertrophic character, existing on natural organs in a state of enlargement from repeated attacks of inflammation, and followed by interstitial deposits which have become organized. He is obliged to clear his throat often, the chronic inflammation of the parts being attended with an abnormal secretion of mucus. An enlargement of this kind creates more or less of a mechanical obstacle to respiration. He snores at night. Whenever there is a considerable enlargement of these organs, the patient always sleeps with the mouth wide open and with the head retracted so as to bring the mouth on a line with the larynx to facilitate the introduction of air. If the patient is very young there is a liability to deformity of the chest, which becomes contracted at the sides, flattened in front, and arched behind, in consequence of the action of the respiratory muscles on the ribs.

In the earlier stages of this affection attempts may be made at resolution by general and local treatment, subjecting the patient to mild laxatives, correcting the secretions, and giving him tonics if he be anemic, as so frequently happens under such circumstances. Sometimes it is necessary to make use of remedies for the purpose of depressing the system slightly, but usually tonics are indicated. As a local application, the nitrate of silver, either in solution or better in substance, may be employed once every three or four days, making use of the antiphlogistic touch. In addition to this, the finger may be applied once or twice in the twenty-four hours upon the enlarged organs with the view of exciting absorption of the effused fluids by the pressure thus exerted. Leeches may be applied to the angle of the jaw and stimulating unguents to the neck.

The instruments used for the incision of the tonsils are a volsella and a curved probe-pointed bistoury, with the former of which the gland is seized, and with the latter all that portion which lies exterior to the arches of the palate is cut off, the knife being carried with the back toward the tongue from below upward. The operation is a simple one when the patient coöperates, but most embarrassing when the reverse is the case. When the patient is a child, it is often necessary to wrap the extremities up in a sheet or apron, and sometimes in addition to give a little chloroform to induce partial insensibility.

Both tonsils were removed very readily, and the resulting hæmorrhage was slight. Generally speaking, the loss of blood after this operation is trifling, but it is sometimes very considerable, and Prof. Gross has met with three or four cases in which life was apparently put in jeopardy. When there is hæmorrhage, the patient's mouth should be kept wide open so as to allow a free access of cold air, and he should use a gargle of vinegar and water. If these remedies do not answer, apply Monsel's solution or touch the part with nitrate of silver, sulphate of copper, tannin, or alum. The one great point is to keep the mouth wide open to permit of the free entrance of cold air. The application of ice to the angle of the jaw frequently serves a good purpose, as does also the administration of a full anodyne to tranquilize the heart's action.

The patient was directed to be careful not to take cold, and to live upon slops for five or six days. Several cases are on record in which the operation has been followed by death, owing to the imprudence of the patient.

In former times the tonsils were removed by a double canula and a wire. That practice prevailed in the early part of the present century, indeed until twenty-five years ago. The instrument was tightened and allowed to remain in the patient's mouth until the gland sloughed off.

Injury to Shoulder-joint.

Thos. K., æt. 50. He fell on the ice on the 28th of December last and injured his left shoulder. It was pronounced to be dislocated, and the last attempt at reduction was made by his physician on the 30th of January, by means of pulleys. He has œdema of the fingers and hands.

In this case there may have been dislocation, but there is apparently none now. If there were, the acromion process would project, there would be great flattening of the deltoid muscle, and the head of the bone would be perceptible in the axilla or somewhere else. The arm stands off at some distance from the side of the chest, but that is probably owing to the fact, that when it is in this position it is more comfortable than when the patient makes an attempt to approximate it to the side of the chest.

Passive motion should be instituted every twenty-four hours, to restore the functions of the articulation. First the hot and then the cold douche should be applied to the shoulder, followed by a stimulating liniment, and the arm should be supported by a bandage and carried in a sling.

Ozone, as a Disinfectant.

Get a wide-necked bottle, and put in half a pint of water, with a cork floating at the top; on this cork fix a bit of phosphorus; cover the bottle with another bit of cork very loosely. This apparatus may be moved from room to room, remaining till the characteristic smell of ozone is perceived.

Medical Societies.

MEDICAL JOURNAL ASSOCIATION, N. Y.

Session of March 22d, 1867.

Reported by E. H. M. Sell, M. D.

The regular reunion was addressed by Dr. A. Ruppaner, of New York, on the use of the

Laryngoscope in Laryngeal Diseases.

After referring to the comparatively recent introduction of the laryngoscope as a means of diagnosis in laryngeal disease, whereby the treatment of diseases of the throat and windpipe has been placed upon an entirely new basis—the solid basis of an exact diagnosis—and after paying a deserved tribute to the labors of Mr. Garcia, of London, Prof. Ludwig Turck, of Vienna, and Prof. Czermack, of Pesth—the first mentioned as the discoverer of auto-laryngoscopy, the two latter as the co-laborers and real promoters of laryngoscopy and rhinoscopy, Dr. Ruppaner, proceeded,

First: To exhibit the various apparatuses now most in use for introducing light into the throat.

Secondly: He presented for inspection to the medical gentlemen present, carefully prepared dissections of the entire larynx in situ, with the tongue, etc., attached. Also, preparations to demonstrate the attachment of the base of the epiglottis; the false and true vocal cords; the attachment of the arytenoid cartilages to the posterior border of the cricoid cartilage; vertical sections of the larynx and trachea, etc., all of which were prepared personally in Vienna during the time Dr. Ruppaner enjoyed the private instructions of Prof. Turck, in this particular department.

Thirdly: Dr. Ruppaner presented also a series of 25 plaster casts, prepared by Dr. Tobald, of Berlin, for Dr. Ruppaner, illustrating some of the principal diseases of the various structures of the larynx, such as acute and chronic catarrhal laryngitis, serous infiltration, abscess at the base of the epiglottis, hypertrophy of the left false vocal cord, inflammation of both false vocal cords, do. of the true vocal cords; also, of the arytenoid cartilages, diphtheritic larynx, tuberculosis of the larynx, paralysis of the left, do. of the right, do. of both the vocal cords, extensive syphilitic disease of the larynx, cauliflower excrescence at the anterior angle of the glottis, polypus at the right ventricle of Morgagnius, polypus at the centre of the left vocal cord, including several other beautiful preparations.

The speaker next stated, that amongst the most interesting results of the use of the laryngoscope, has been the clear light which it has thrown upon the causes of hoarseness and aphonia. As frequent causes in different degrees of these complaints are enumerated, swelling of the so-called false cords to a sufficient extent to fill the ventricle of the larynx, thickening and swelling of the inter-arytenoid fold of mucous membrane, tubercular elevation of the larynx, hysterical or nervous aphonia, and clergyman's sore-throat.

But as the greatest triumph of treatment by the laryngoscope, was mentioned the removal of tumors, polypi, and warty growths from the interior of the larynx. This feat has been accomplished in numerous cases, by Prof. Turck, of Vienna, Dr. Bruns, of Tubingen, Drs. Mackenzie and Gibb, of London, Dr. Walker, of Peterborough, England, Drs. Tobold and Lewin, of Berlin, as well as in the city of New York. Dr. R., expressed therefore, great surprise at an editorial which appeared of late in one of the Eastern medical journals, which was evidently intended as an editorial puff for a professional friend, in which a case of successful removal of a small growth from one of the vocal cords was heralded as a most remarkable surgical operation of the day; as if those who are familiar with the progress of surgical science, and the vast practical good that has been accomplished by the introduction of laryngoscopy in operative proceedings of diseases of the throat and windpipe, are ignorant that such operations have been done repeatedly before, and that successfully. Not only is there no history given of the case by the physician in question, but not the least mention is made of any co-laborers who may have been as successful as the undoubtedly worthy and able person whose praise was sung in an entire page.

The session closed by several practical demonstrations of the examination of the larynx on some of the gentlemen present.

ALUMNI ASSOCIATION OF BELLEVUE HOSPITAL MEDICAL COLLEGE.

This Association held its first regular meeting at the College, Feb. 28th, 1867. The graduates of the College, now numbering over 600, actuated by a desire to continue their connection with each other, and with their alma mater, to advance their common interests, and to give increased stimulus to medical scholarship, acting through their representatives present at this meeting, formed this Association with its constitution and by-laws.

Any of the alumni may become members of this Association, by presenting satisfactory evidence of their good professional standing, signing the constitution, and paying their annual dues of one dollar, in advance. The Faculty and Trustees of the College are made honorary members. The regular annual meetings of the Association are held the day before the College commencement, for the transaction of business, for the reading of prize essays, and for social intercourse and enjoyment.

At this meeting the Association revised and amended the constitution, and attended to the election of officers, who are in future, with the exception of the Recording Secretary, to be elected annually. The following officers were elected: for President, Dr. W. T. Lusk; Vice-President, Dr. J. W. Southack; Recording Secretary, Dr. E. S. Belden; Corresponding Secretary, Dr. L. M. Yale; Treasurer, Dr. H. Raphael; for Executive Committee, Drs. L. B. Irish, J. Ferguson, Griffin, H. Rockwell, J. B. Dove, W. H. Van

Wyck, C. O. Leal, W. C. Osteloh, F. A. Castle, W. A. James, B. S. Thompson, J. Cushman, P. R. Cortelyou, C. F. Roberts, and R. A. Vance.

Prof. James R. Wood, then offered to the Association a prize of one hundred dollars for the best essay on any subject connected with Surgical Pathology, or Operative Surgery, to be awarded at the annual meeting in 1869, at which time the said essay is to be read. The committee to examine the essays and award the prize, is to consist of Prof's. W. H. Van Buren, Austin Flint, Sr. and Stephen Smith.

MONTGOMERY CO., PA.

Extract from the proceedings of the Medical Society of Montgomery Co., Pa.

The regular quarterly meeting of this Society was held in Norristown, Pa., April 13th, 1867, at which time the resolution of Dr. Mowry, offered at the last meeting of the State Society was discussed, and the following action taken thereon:

Whereas, in 1859 the Philadelphia County Medical Society passed resolutions forbidding its members to consult with Professors and graduates of Female Medical Schools or Colleges; which action was approved by the State Society of that year, and other County Societies throughout the State were desired to conform to the recommendations of the Philadelphia County Medical Society; and,

Whereas, at its annual meeting in 1860, the State Medical Society

Resolved, That it is the sense of this Society that members of the medical profession cannot consistently with sound medical ethics consult or hold professional intercourse with professors or graduates of Female Medical Colleges, *as at present constituted*, inasmuch as some of the professors are irregular practitioners, and all their colleges are ineligible to membership with the American Medical Association; and,

Whereas, at the meeting of the State Society, held at Wilkesbarre in June, 1866, after an ineffectual attempt to rescind the above resolution, Dr. Mowry offered the following:

"*Resolved*, That the resolution of 1860 is not intended to prevent the members of this Society from consulting with regularly educated female physicians, who observe the code of ethics."

Which resolution, after much discussion, was referred to the County Medical Societies, with instructions to report thereon at the next meeting of the State Society; therefore,

Resolved, That in view of the facts, that the only Female Medical College in this State is properly organized, with an intelligent and efficient corps of professors, in possession of good college buildings, and all the appliances necessary for communicating instruction and illustrating the branches of medical science; that the teachers compare favorably in point of professional intelligence and deportment with professors of male colleges; that the students and graduates are as irreproachable in habits and character, as zealous in the pursuit of knowledge, as capable of comprehending the truths of science, and as conscientious in the application of their knowledge to the amelioration of the physical ills of our race, as male students and graduates; that females are as well fitted for the profession as males; we hold it to be illiberal and unworthy the high character of our profession, to withhold from them the courtesies awarded to male physicians.

Resolved, That while we deeply regret that the members of the Philadelphia County Medical Society deemed it necessary to pause in their investigations of medical science, to erect barriers against the claims of woman to share with us the honor of a noble profession, in the name of a common nature and a common destiny, we invite her with her quick perceptions, her varied talents, her deep sympathies, her patience, her fortitude, and devotion to every good work, to join us in our strife with disease and death.

Resolved, That our delegates to the Medical Society be instructed to vote for the resolution of Dr. Mowry, and to use all honorable exertions to place respectable female graduates and the professors of female medical colleges, on an equality with male graduates and professors of male medical colleges.

Resolved, That the State Medical Society should insist that all medical colleges in the State should admit to their halls every properly educated person, of good moral character, without regard to sex, ethnical peculiarities, or nationality.

Resolved, That the Recording Secretary of this Society furnish a copy of these resolutions to the Editor of the Medical and Surgical Reporter for publication.

E. M. Corson, M.D.,
Recording Secretary.

Occupation Necessary for the Insane.

Dr. Howden, Medical Superintendent of the Royal Lunatic Asylum of Montrose, in his report of this year, gives a notable illustration of the beneficial effects of physical labor in the treatment of the patients. It is especially in those dangerous chronic cases characterized by impulsive violence, so familiar to all conversant with the insane, that the good results are evident. Such patients will suddenly, without pretext or warning, make a violent attack upon any one near. At first sight it might seem imprudent to entrust such persons with tools which could be easily used as damaging weapons; but in Dr. Howden's experience there is no such danger. On the contrary, these patients generally turn out to be among the steadiest and best workers. The paroxysms of violence never occur when they are at work, but only when they are idle, as on Sundays, wet days, and such occasions when they are confined to the house in a state of inaction. The one day's rest in seven would seem from this, to be a doubtful blessing to the insane.—*London Lancet.*

Editorial Department.

Periscope.

NOTES ON THE PROGRESS OF ACUPRESSURE.

[We have received from the distinguished author, Sir J. Y. Simpson, Bart., M. D., etc., a paper on the progress of acupressure, which we are requested to lay before our readers. The paper was published in the *London Lancet* in February. Dr. Simpson deserves much credit for his efforts to bring this method of treatment to the notice of the profession. We doubt whether it has received the attention from the profession in this country that it deserves.—Editor Med. and Surg. Reporter.]

After Ambrose Paré—three hundred years ago—proposed to surgeons that they should "bid eternally adieu to all hot irons and cauteries" in arresting the hæmorrhage attendant upon amputations and surgical wounds, and use in their stead threads to the cut arteries, to stem the flow of blood, his suggestion met with little or no support during his own age or for many long years subsequently. During the sixteenth and seventeenth centuries, surgeons still persevered in arresting the flow of blood after amputation and other wounds, by charring over their raw and bleeding surfaces with red-hot irons, or by applying strong potential caustics. It is difficult for the mind to realize the ruthless agonies of the surgical sufferers of those times, under the dreadful double ordeal of cutting and burning—of knife and fire. "The horrors of the patient," exclaims John Bell, "and his ungovernable cries, the hurry of the operator and assistants, the sparkling of the irons, and the hissing of the blood against them, must have made terrible scenes; and surgery must, in those days, have been a horrid trade."* Dionis, writing a century and a-half after the time of Paré, tells us that in the Hôtel Dieu of Paris,—in the chief hospital of the very city in which Paré himself had lived and practised,—caustics were still in general use for the arrestment of hæmorrhage after amputations. And in the middle of last century Mr. Sharp, of London, states, in his *Critical Inquiry into the Present State of Surgery in England*, that some English operators still employed the ligature sparingly, from their "horrid apprehension of compressing the nerves." Speaking of the slow progress of the introduction of the ligature of arteries into England, the same author observes that—after being known to surgeons some hundred and fifty or two hundred years—it only "by degrees *crept* into practice" in this country.

Knowing these painful, strange, and startling phenomena in the History of Surgery, in reference to the deligation of arteries, I had little or no hope, when—some seven years ago—I ventured to suggest the substitution of the pin or needle for the ligature, that I should live to witness the introduction of acupressure into general surgical practice anywhere,—though it seemed to my mind certain that if it was honestly adopted and carefully applied, it would be found greatly superior in many respects to deligation. I feel, therefore, some degree of pride in being allowed to forward to the columns of the *Lancet* the following extract from a letter which I received a few days ago from Dr. Keith, the well-known surgeon and celebrated lithotomist of Aberdeen—showing, with other facts, that acupressure had entered a new era, seeing it is now *established* as the rule of practice in one of our three Scottish Medical Schools. Before citing the letter, allow me to observe that the accomplished Professor of Surgery in the University of Aberdeen, Professor Pirrie, and Dr. Keith, have lately published a most excellent and masterly practical inquiry into the whole subject of acupressure, with careful and candid details of all their most important cases.* The operations referred to in the following incidental letter from Dr. Keith, have occurred since the book was printed.

. . . "Acupressure," writes Dr. Keith, "here is *triumphant*—nothing else being dreamt of—and, I may say, in daily use. Within the last fourteen days I have employed it in the following operations:—In an amputation of the forearm acupressure by first mode at the elbow commanded the humeral before bifurcation; and the wound healed by first intention. I removed a large recurrent fibroid tumor for the third time in ten years. Deep dissection brought me in contact with the external carotid artery. And what of that? It was looped by the sixth mode in three seconds; and the case has gone on to a wish, the wound filling up with healthy granulations, as all the integument, being adherent and discolored, was intentionally removed; the mass was like one's fist. On Wednesday last I amputated a thigh. Three vessels by your fourth mode, and three by the sixth mode were secured. On Monday of this week I amputated two thighs. In one four vessels required acupressure; in the other, six. The fourth and sixth modes† were used in about equal proportions. The speed with which the vessels were closed in each case hindered the

* See his *Principles of Surgery*, vol. i. p. 151.

* *Acupressure, an Excellent Method of Arresting Surgical Hæmorrhage, and of Accelerating the Healing of Wounds.* London, Churchill and Sons, 1867.

† These numerical references apply to excellent descriptions and plates of the different methods of performing acupressure given in the treatise of Drs. Pirrie and Keith. In their practice they do not notice one method which I have often employed to close minor vessels, and which I have seen my friend Dr. Heron Watson, Surgeon to the Edinburgh Royal Infirmary and to Chalmer's Hospital, use. It consists in transfixing with a pin or needle one or two lines of the soft tissue by the side of the bleeding artery, the pin being laid almost flat in doing so, and with its head toward the bottom of the wound. The head of the pin is then raised up till it is at right angles to the surface of the wound, and then further turned over till the head comes to the outer edge of the wound, and its point is turned to the bottom of the wound. It is easily fixed in this new position by being thrust forward a few lines into the tissues beyond. In its movement the head of the pin is thus turned round half a circle, and in doing so closes the bleeding orifice, and overlaps it with a small quantity of neighboring tissue. A quarter of a circle turn is sometimes quite sufficient. This kind of "overtwist" is one of the simplest and most expeditious modes of acupressure for smaller vessels. But further practice may point out many other modes of simplifying the application of the needle.

loss of blood so entirely, that the sand-box only showed a spot of blood* in its centre. . . .

"Yours very faithfully,

"William Keith.

"*Aberdeen, 15th February*, 1867."

Dr. Keith's letter attests the small quantity of blood that is lost when acupressure is properly used. All experience proves that it is, at least, as safe and good a *primary* hæmostatic agent as deligation. But it has been objected that it might lead to *secondary* hæmorrhage when the needles were withdrawn. On this point Dr. Keith, in the treatise referred to (p. 188), observes, in relation to his cases, about forty in number:—"All have been alike successful. . . . In not one instance have I had hæmorrhage at or after the operation; the removal of the pin or needle or wire loop has never in any one case occasioned hæmorrhage. A drop or two of blood may have come—in one or two instances—from an abraded granulation, but that is all I have ever seen. The period, on the average, which I think sufficient for the acupressure to continue is forty-eight hours, though I feel certain a shorter period would suffice."†

"The confidence of the Aberdeen surgeons," adds Dr. Keith, "is now so firmly established in acupressure, that its use is the rule by the hospital staff," (p. 189). Three of the operative surgeons to the Aberdeen Hospital—Drs. Pirrie, Keith, and Fiddes—all now employ the needle in preference to the ligature in every wound where union seems at all attainable. I had the pleasure of meeting some time ago, at a consultation in Aberdeen, my friend Dr. Kerr, the fourth or remaining surgeon, and he ingenuously and frankly told me that—though he had no objections to acupressure—he was too old to adopt such a revolution in practice. He added that, though he did not use acupressure, it had, shortly before my visit, been the means of saving a patient of his in secondary hæmorrhage after amputation. The amputation was one of the thigh, and hæmorrhage had supervened some too weeks or more after the operation, and after the ligatures were separated. It was a case, he thought, where, to stem the hæmorrhage, it would have been necessary to cut down and tie the femoral artery nearer the groin than the site of the amputation. But Dr. Fiddes, who saw the patient before Dr. Kerr arrived, stayed altogether the bleeding by using a mode of acupressure to the femoral artery; and there was no return of the hæmorrhage.

The great pathological and practical advantages which acupressure possesses over deligation have always appeared to me to be simple and decided. When an artery is closed by a needle, or by any other form of temporary metallic compression, the walls of the arterial tube are placed, and held together in apposition, by a material which does not tear their coats or irritate, like thread or silk, and that can be withdrawn in a day or two, at the will of the operator,—leaving subsequently no extraneous body whatever in the wound to prevent its speedy and complete healing. On the contrary, when deligation is employed—(1.) The two middle coats of the artery are systematically lacerated; and (2.) Its external coat is strangulated. (3.) This strangulation leads on inevitably to ulceration or molecular destruction of the external coat at the constricted part, and causes mortification of the artery at the tied point, and usually also below it,—just as the strangulating thread kills and removes a hæmorrhoid, a polypus, or a wart. (4.) The small mortified point of the vessel becomes a dead and foreign body, and hence requires to be eliminated and thrown out of the living system by ulceration and suppuration,—so that there are as many dead sloughs, however minute, in each wound, and as many consequent points of ulceration and suppuration are set up—as there are arteries ligatured in the wound. (5.) Besides, the ligature-threads, if of silk or hemp, rapidly imbibe animal fluids, which speedily decompose them; and then, the ligatures, like so many single-thread setons,* irritate the contiguous tissues; and at last they only become—more or less slowly—set free by ulcerating entirely through the strangulated portions of the tied vessels. (6.) Hence arises the difficulty, or indeed the impossibility, of wounds containing a series of ligatured arteries ever uniting completely by the first intention; for such wounds are in the same condition as if diminutive morsels of dead flesh had been methodically and intentionally affixed with threads to their sides and walls. But other dangers follow. (7.) No surgeon would deliberately leave a patient after the shock of amputation in the neighborhood of a foul sewer, or where decomposing animal effluvia could be inhaled. But a wound containing a series of dead, decomposing, putrefying sloughs—however minute these foul sloughs are individually—places the patient in perilous

* When the hæmorrhage attendant upon amputation was attempted to be arrested by the repeated application of cauteries, the amount of blood lost seems sometimes to have been very great, before the vessels and wounded surfaces were sufficiently grilled and hardened by the red-hot irons. Hence Paré, in describing one of the first cases of amputation in which he employed the ligature, boasts, "I protest to God (which the company that were there can witness) that in all the operation, which was sodainely done, there was not spilt *one porrenger* of blood." See his *Works*, p. 113.

† In the treatise of Drs. Pirrie and Keith, in addition to Dr. Keith's 40 cases, 10 capital operations with acupressure are reported (p. 135) from the practice of Dr. Fiddes of the Aberdeen Hospital. Dr. Fiddes writes me that in none of these cases was there any secondary hæmorrhage. Dr. Pirrie has used acupressure in 32 of the major operations of surgery, and in many minor ones. In only one case did he meet with secondary, or rather with intermediary hæmorrhage. It was a case in which the leg was removed in its upper third for medullary cancer. There was not a drop of oozing after the operation. Early—or twenty-four hours afterwards—Dr. Pirrie "relieved the anterior tibial artery from acupressure, and it instantly bled as energetically as if it had been that moment cut across." The femoral artery was immediately compressed, the wound reopened, and the artery again acupressed. "The blood lost did not exceed a dessert-spoonful, and the whole proceedings did not occupy above four minutes." "This," adds Dr. Pirrie, "is the only instance in which I had ever seen any hæmorrhage from an artery on its being freed from acupressure, and I attributed its occurrence in this case to the extreme exhaustion of the patient being unfavorable for adhesion. The whole of the pins were removed in other forty-eight hours, without their removal being followed by a single drop of blood." (P. 112).

* I have seen my friend Mr. Walker, the excellent Ophthalmic Surgeon to the Infirmary of Edinburgh, employ with great success setons of *single* threads in the temple, where they soon excite abundance of irritation and suppuration.

hygienic conditions; for morbific septic poisons can be imbibed by the open and absorbing surfaces of wounds, as well as inhaled by the lungs. "A poison," sagaciously remarked the late Mr. Travers, "admitted by a wound or raw surface, and a poison admitted by the lungs, are equally excitants of a specific constitutional irritation."*

Professor Pirrie, in a series of most important observations and cases, maintains (p. 137) that acupressure "is not only the *easiest* of application, but the *quickest* method yet devised for arresting bleeding;" and a pupil of Dr. Pirrie's —Dr. Will—last week imformed me that the rapidity with which Dr. Pirrie secures the open vessels after amputation, etc., by acupressure is "something wonderful,"—the movements of his fingers not being easily followed by the eyes of the attendants.

In advocating the practice of acupressure, I have always claimed for it two advantages,† viz.

First, That it would yet be found the quickest and easiest mode of arresting surgical hæmorrhage; and

Secondly, That its use, combined with the total absence of all surgical dressings,‡ would *accelerate* the healing of wounds.

On the first of these points the evidence of Drs. Pirrie, Keith, and others, may now be looked upon as comparatively complete. But what of the other question—

Does it accelerate the Healing of Wounds?

In his—the largest—portion of the conjoint treatise on Acupressure by himself and Dr. Keith, Professor Pirrie has described all the special cases in which he used acupressure in capital operations, with the most conscientious and scrupulous exactitude; and I will try here to summarise the results obtained. To understand these Results,—which are far more important than the mere facility and rapidity of the process,—let me first adduce the opinion which Dr. Pirrie holds as to what constitutes union by the first intention or by primary adhesion. In reference to this point Dr. Pirrie states: "The use of the ligature is attended with an insuperable obstacle to obtaining perfect examples either of immediate union or of union by primary adhesion without the formation of some pus. I have never allowed myself to call any case a perfect example of either of these two methods of healing where *a single drop of pus* was seen. Neither of these two methods of healing, in this sense, can be perfect in any case where the ligature is used. The immediate effects of the ligature—the changes by which its removal is rendered possible, and its presence acting as a seton in the wound—render more or less suppuration at the points of deligation and in the tracks of the ligatures inevitable. I never saw, in the experience of any surgeon or in my own, where the ligature was used, a perfect example of either of the two desirable methods of healing without any suppuration. I believe such a case never was and never will be seen." (P. 138.)

We see in this paragraph how strict Professor Pirrie's definition of union by the first intention is, he considering no case a perfect example of it where "*a single drop of pus*" is observable. Yet in the course of his work he has described above a dozen cases of large surgical wounds, consisting of amputation of the limbs, excision of the mamma, removal of tumors, etc., where perfect and entire union by the first intention was obtained under acupressure, metallic sutures, complete rest of the wounded part, and the avoidance of all dressings; and he relates a series of other cases where the results were highly satisfactory, though the primary healing was *not* thoroughly and entirely perfect, because a small amount of suppuration was seen.*

Dr. Pirrie tells us (p. 66) that he has used acupressure in thirty-two cases where the "major operations" of surgery were performed, besides employing it in "many minor ones." In every instance, (he adds), "its use has been *most* satisfactory." Out of these thirty-two major operations, which he has given in detail—including seven amputations of the thigh†—thirteen cases, at least, healed entirely by the first intention, or *more than one in three*. Out of his first eight cases of acupressure, one only of the wounds cured entirely by immediate union, and without a drop of pus. Out, however, of his last twenty-four cases, fourteen of the wounds were healed by the first intention, and without a drop of pus —*or more than one in two*—showing, as was to be naturally expected, that he became more suc-

* See his *Inquiry concerning Constitutional Irritation*, p. 257.

† See, for example, the inferences I drew of the effects of the proposed practice of acupressure, when I first communicated it to the Royal Society of Edinburgh, in the *Edinburgh Medical Journal* for January, 1860, p. 650.

‡ In my volume on *Acupressure*, p. 116, I have, for example, stated that "I believe that after the sides and edges of a wound are properly approximated and adjusted with its metallic stitches, the best dressing, as a general rule, is—nothing, absolutely nothing," etc, See also p. 123, etc. etc.

* Take, for example, the first case in which Dr. Pirrie tried acupressure—namely, on the 16th of March, 1864. The patient was a boy six years of age; the malady, disease of the knee-joint; and the operation, amputation at the thigh. Four arteries required to be acupressed. The needles were removed in forty-eight hours, and no bleeding followed. "The wound," observes Dr. Pirrie, "healed by primary adhesion, but as there were a few drops of pus, I do not consider the case a perfect example of that mode of healing without the slightest appearance of purulent secretion. There could not have been more than six or eight drops of pus in all, as there was not the slightest stain upon the linen, except on two occasions, when the stains were not larger than half the size of a sixpence. This (adds Dr. Pirrie) was the first time I had ever employed acupressure, and the result produced a great impression on my mind, as it was *the nearest approach* I had ever seen to perfect primary adhesion after amputation of the thigh, or after amputation of any kind. But for these few drops of pus, I would have considered this case an instance of what—previous to the introduction of acupressure—I in vain longed to see—namely, an example of healing of an amputation-wound either by immediate union or the first intention, or by primary adhesion without a drop of pus. I have not (concludes Dr. Pirrie) called this a *perfect* specimen of primary adhesion, as I have never applied the term to the healing of a wound of any kind where a single drop of pus was seen, however gratifying the conditions in all other particulars may have been; and they could not have been more so than in this case." (Pp. 66-68.)

* Out of these thirty-two capital operations in which Dr. Pirrie employed acupressure, only three of the patients died—a very small mortality. On the general high rate of mortality among patients subjected to operations, and particularly to the major operations of surgery, see the *Medical Times and Gazette* for April 23, 1859. Dr. Pirrie states that not a single instance of *pyœmia*, or surgical fever, had as yet been seen, either by his colleagues or by himself, in any case where acupressure was employed. (P. 141.)

cessful in his results as he became more extensively and intimately acquainted with the practice of acupressure. To state these important facts in another form—

Among his first 8 cases 1 completely united—or 1 in 8.
Among his last 24 cases 14 completely united—above 1 in 2.

He had eight cases—among these thirty-two—of excision of the diseased mamma. In five of these eight cases the resulting mammary wounds closed at once, and without a single drop of pus.*

Has any surgeon, living or dead, ever, in using deligation, met with such marvellous success as Dr. Pirrie has thus attained under the use of acupressure?

Could all the Hospitals of Great Britain, or of Europe, or of the World—if grouped and collected together—furnish within the same period of three years, as great a number of cases of large operative wounds, where the ligature was employed, healed entirely by the first intention, and without the appearance of "a single drop of pus," as the one little Hospital of Aberdeen?

And let us not forget—under this question—what an immensity of mental and bodily distress, discomfort, and even danger to health and life, is necessarily avoided and averted when surgical wounds are thus closed and healed in days, instead of weeks and months; and without those continuous dreaded dressings, and drainings of pus, which deligation usually, and almost inevitably, involves among its consequences.

In the way of illustrating these results let me adduce an individual case—a kind of evidence which, to some minds, is more impressive than any mode or amount of reasoning. For this purpose I might cite several, but I shall content myself with an abridgment of the last of the thirty-two cases which Dr. Pirrie details, having, for another purpose, already given (*foot-note* p. 338) a similar abridgment of his first case. This 32d case was like his 1st case, one of amputation of the thigh, on account of extensive disease of the knee-joint, in a "delicate-looking" boy, six years of age. The femoral and two other arteries were acupressed. The pins were withdrawn in forty-four hours, without, as the patient said, "causing any pain." "After operation" (says Dr. Pirrie) "I thought it necessary to caution the little fellow not to touch the acupressure-pins, which he called the pins with the beautiful (glass) heads; and I promised to give them to him after their removal. He took great care not to touch them, or allow any person except myself to do so; and, to his great delight, sent them home by his father for preservation until his return." The stump healed perfectly, and throughout every part, by the first intention; and, as Dr. Pirrie expresses it, "either by immediate union or by primary adhesion: and I am inclined to think it must have been by the former, as no medium of union is discernible at the edges of the wound." No dressings were employed except a few metallic sutures, and three strips of isinglass-plaster, which were applied before the patient was removed from the operation-table. The sutures were all removed on the fourth day. After the operation the little patient slept well—was anxious for his food—had no uneasy sensation of any kind, local or general—and was in the highest spirits. A few days after the amputation, when, observes Dr. Pirrie, "I entered the ward with the surgical pupils of the hospital, he was whistling most beautifully the 'Braes o' Mar,' and amusing himself by passing a little model carriage over an inclined plane he had got constructed in his bed. He continued to whistle the above and other airs till it was his turn to be visited!"

"This,"—Dr. Pirrie further observes—"is one of the many instances we have lately seen in the Aberdeen Hospital of a capital operation and its after-treatment having been made *delightful* to the patients as well as to the surgeon. By the aids of chloroform, acupressure, no dressings, and the most perfect immunity attainable from every movement of the stump, many of the hindrances to these gratifying surgical scenes are removed. Since the use of dressings was discontinued in the Aberdeen Hospital, patients have looked forward to the visit of their surgeon as the happiest event of the day, instead of, as formerly, dreading the visit, and thankful when it was over." (P. 132.)

And why should these "delightful" results not be sought for and attained for the poor patients in every other surgical hospital as well as in that of Aberdeen. "Can"—asks Dr. Keith (p. 189)—can anything but prejudice oppose a trial, when *such* present and prospective advantages are PROVED TO ACCRUE!"

In contrasting on one occasion acupressure with deligation, I ventured to remark that, while the ligature "generally requires two persons for its application," acupressure "requires only one person."* Let me cite an interesting piece of evidence on this point. Dr. Davidson, the very able and zealous medical missionary to Madagascar, and surgeon to the Royal Court of that kingdom, is at present on a brief visit to this country. He has kindly furnished me with the following statement in regard to his experience of acupressure at Antananarivo, and under circumstances where, it is to be remembered, he had no educated professional assistant to aid him in his operations. I have myself been told by more than one English hospital surgeon that they were afraid even to try the use of the pin or needle instead of the ligature, and this too though they were surrounded by a staff of able and skilled professional assistants. Dr. Davidson's experience and success should surely serve as a sufficient answer to that weak argument against acupressure.

"During the last three years and a half," writes Dr. Davidson to me, "I have used acupressure in about thirty cases, chiefly amputations, and also in accidental wounds, and after

* A case of removal of a very large mammary tumor was the first instance in which Dr. Pirrie saw complete union under acupressure. Three vessels were secured and "relieved"—says Dr. Pirrie—"from acupressure in forty-eight hours, without the slightest appearance of blood, and the wound healed entirely by immediate union, or the first intention—a result which (he adds) I had, up to that time, seen in two other cases only of excision of the mamma, but in them the vessels were so small as *to require no ligature*. The wound healed without a single drop of pus, or the slightest appearance of exudation of any kind." (P. 75.)

* See my work on *Acupressure* (1864), p. 449.

the removal of tumors. Although I have had no professional assistance in any of my operations, I have never had the slightest difficulty in applying acupressure. Indeed, the much greater ease and quickness with which acupressure is applied, as compared with the ligature, are to me, in my isolated position, very strong recommendations in favor of the former.

"I never had a single case of secondary hæmorrhage where acupressure was used. The wounds have healed more quickly and with less suppuration than when the ligature was employed. The method which I usually employ is what is described as the third in your work. I usually withdraw the needles in forty-eight hours, and, with most surgeons, I feel much relief when I have thus the wound free of all foreign bodies. In several instances I have applied acupressure to the largest artery which is ever cut in operations—namely, the femoral. I have never seen any cases of pyæmia; but this disease is rare in Madagascar. From the comparative facility and security with which acupressure can be applied. I have no doubt that when I come back from Madagascar—some years hence—I shall find it in common use in some British hospitals where it is not thought of at present; for it only requires a fair trial of it to prove to any unprejudiced mind its superiority over the ligature.

"Yours very truly,

"Andrew Davidson."

Edinburgh, Feb. 16, 1867.

"*P. S.*—I have used chloroform in hundreds of cases, and it is always given upon a folded handkerchief by one of the native assistants, none of whom have ever received a professional education. People come forty and fifty miles to be operated on; and they always ask for this '*ranomatory*,' or 'sleeping-water,' as they poetically term it, and it is as well known in the capital of Madagascar as in the capital of England—A. D."

In the work of Professor Pirrie and Dr. Keith, above eighty capital operations are reported as treated by them and Dr. Fiddes with acupressure. As this sheet was going to press, I received a note from Professor Pirrie, dated February 26, 1867, telling me that up to this time he had himself, in major operations, successfully applied acupressure to arteries "in 137 examples, occurring under every diversity of circumstances," besides using it in many minor operations. Eight times he has acupressed the femoral artery.

Women Doctors.

The movement in favor of women practitioners of medicine is attracting much attention in England, as well as in this country. A correspondent of the *British Medical Journal*, brings to notice the following lines from the *Faery Queen*, as in some degree appropriate to the subject:

"So prosper'd the sweet lass; her strength alone
Thrust deftly back the dislocated bone;
Then culling curious herbs, of virtue tried,
While her white smock the needful bands supplied:
With many a coil the limb she swathed around,
And nature's strength return'd, nor knew the former wound."

Reviews and Book Notices.

Back-bone; Photographed from "The Scalpel." By Edward H. Dixon, M.D. New York: R. M. De Witt, publisher, 1867.

We cannot claim to have *read* this book; as the perusal of a few chapters (or articles) of it satisfied us that to finish it, although a thing not difficult or tiresome to do, might suit best those who have leisure for light reading. It belongs to sensational literature. The author evidently prides himself upon an Ishmaelitish position in reference to the medical profession. This is shown in several portions of the book; most decidedly, (though, at the same time, with a great deal of obscurity,) in "An Undelivered and Unorthodox Address." What his opinions really are, is not to be readily gathered by reading those articles which particularly treat of medical subjects. We are willing to believe, however, that the profession may survive without an exact determination as to *what* they are. Candor impels us to add, that we are prompted to hope that Dr. Dixon's ratiocinations may sometimes have more earnestness than they display of wisdom, by the papers upon "Infidelity of Medical Men," and "Abortionism." By the way, a circular inserted into the volume, promises with it "a splendid photographic likeness of the author;"—which our copy does not contain.

Practical Dissections. By Richard M. Vogdes, M.D., formerly Demonstrator of Anatomy in the Medical Department of Harvard University. Second edition, thoroughly revised. Philadelphia: Henry C. Lea, 1867. 12 mo., pp. 286. *Price*, $2.00.

An excellent, convenient, and beautifully printed manual of practical anatomy, is here presented. Brevity and clearness have been sought and attained in its style; and the general arrangement of its matter is good.

The Indigestions; Or, Diseases of the Digestive Organs Functionally Treated. By Thomas King Chambers, &c., &c. Philadelphia: Henry C. Lea. 1867. *Price*, $2.50.

Not long since we noticed the English edition of this work. Without, of course, containing as much original matter as the same author's "Renewal of Life," it is valuable on account of its practical and judicious consideration of a very important class of maladies, illustrated by cases.

Medical and Surgical Reporter.

PHILADELPHIA, APRIL 20, 1867.

S. W. BUTLER, M.D., *Editor and Proprietor.*

THE INTERNATIONAL MEDICAL CONGRESS AT PARIS.

The International Medical Congress will be opened at Paris on the 16th of August next. The Central Committee earnestly desire an active participation in the Congress on the part of Medical Societies from all parts of the world, by sending delegates to represent them.

By the third article of the Statutes, foreign delegates are admitted without any pecuniary consideration.

The undersigned having been appointed a Corresponding Delegate by the Central Committee at Paris, would urge upon Medical Societies the propriety of appointing delegates to the Congress as speedily as practicable, and reporting them to him, that he may forward them as early as possible to the Central Committee.

S. W. Butler, M.D.,
Philadelphia, Pa,
Corresponding Delegate.

☞ Medical Journals please copy.

RAILWAY COMMUTATION.

We are sorry to learn that the main trunk lines of railway through this State and New York, refuse to grant commutation tickets to Delegates to the meeting of the American Medical Association in Cincinnati next month. We fear this decision will have the effect to diminish the representation at that meeting from the states east of the Alleghenies, and north of Baltimore. The Baltimore and Ohio road, we understand, will commute.

This, we learn, is a concerted action on the part of the main trunk lines of this State and New York, and that it applies to delegates to all public bodies. We cannot but think that it is a narrow policy that throws obstacles in the way of the people meeting in convocation.

We shall, as we obtain the facts, publish a list of the lines that will commute.

The same regulation will be likely to prevent a full delegation from going from the eastern section of the State to the meeting of the Medical Society of the State of Pennsylvania, at Pittsburg, in June.

We have received the following note from the Permanent Secretary of the American Medical Association, Wm. B. Atkinson, M.D., 215 Spruce Street, in this city, giving a partial report of roads that have agreed to commute.

"The following Railways have agreed to pass our delegates home from Cincinnati on my certificate: Kentucky Central, Cincinnati and Marietta, Cincinnati, Hamilton and Dayton, Dayton and Michigan to Toledo."

"The following have refused:

"N. Y. Central, Penna. Central, Lake Shore, Pittsburg and Fort Wayne, Western R., of Mass., Cincinnati and Indianapolis, Ohio and Mississippi, Michigan Central, and Michigan Southern."

MECHANICAL MEDICINE.

We have received a communication from Dr. E. P. Banning, proposing, after the appearance of his next paper, which closes the series on the trunkal bearings as they affect the organs in the pelvic cavity, to discontinue his series of communications, which, for the past several months have occasionally appeared in our pages, on mechanical appliances in certain derangements of the internal organs. This proposal is made by Dr. Banning lest he should tire the patience of the readers of the Reporter.

We have no evidence that will justify such a conclusion. It is true a very few have objected to this series of papers in toto, while others have thought that too much was claimed for mechanical treatment in the premises. On the other hand, we know that Dr. Banning's papers have attracted a great deal of attention both in this country and in Europe, and his arguments have been looked upon as philosophical and reasonable by some of the first minds in our profession. As an evidence of the force of his reasoning, we may mention that he has received *nearly six hundred letters* from members of the profession in this country and Europe, as the result simply of the articles he has published in the Reporter. To our personal knowledge a great many medical men have given his instruments a trial, and have been satisfied with the results. Let those who have had experience with them report pro or con. Dr. Banning has thrown himself upon the profession, confident as to the result.

We employed Dr. Banning to write for the Reporter at a stipulated rate per page, because we were convinced that there was something in his apparatus that it would be beneficial to the profession to know, and the attention that his articles have attracted seems to justify the conclusion we arrived at before his series was commenced. It will be very remarkable if there is nothing at all in a mechanical idea that has elicited a correspondence amounting to more than sixty letters a month!

It was a part of Dr. Banning's plan to discuss the subject of mechanical appliances as affecting

the cardiac, pulmonary, and spinal functions, and from the evidence we have, we feel that we will be serving the profession by continuing to publish an occasional brief article from his pen. Our readers must be the judge to what extent to receive Dr. Banning's arguments. He may be an enthusiast on this subject, and claim too much for mechanical appliances. If he does, let those who have been so far convinced by his arguments as to make use of such treatment in the affections in which he recommends it, controvert his statements if they are not true, or place a proper estimate upon his method of treatment if too much is claimed for it.

We have no interest in Dr. Banning or his appliances, but if his mechanical ideas have a philosophical foundation and are useful to the profession and to suffering humanity, it is a part of our business to let it be known.

THE LATE DR. THOMAS HUNT, OF NEW ORLEANS.

We regret to announce the decease of the distinguished man whose name stands at the head of this article. He died at the St. Charles Hotel in New Orleans on the 20th of March.

Dr. Hunt was one of the most distinguished physicians of New Orleans, having attained an enviable reputation, not only in his own city and state, but throughout the country, for science, learning, and every accomplishment that could command success and popular confidence as a physician, savant, and teacher. During his long career in New Orleans, he enjoyed the confidence of a large circle of devoted friends, patients, and admirers, who were bound to him, not more by his great talents and skill, than by his uniform courtesy and dignity of manner, and his warmth of heart, and fidelity to all the claims of friendship and performance of duty.

Dr. Hunt was born in Charleston, S. C. After graduating at College with high distinction, he emigrated to and settled in New Orleans. This was thirty years ago. He immediately assumed a prominent position in his profession, which he has ever since maintained, extending, every year, the circle of his usefulness and fame. He was one of the original founders of the University of Louisiana, and he and Dr. Warren Stone—who attended him during his last illness—were long associated as Professors in its Medical Department. Dr Hunt was Professor of Physiology and Pathology.

As a lecturer Dr. Hunt was exceedingly eloquent and learned, always ready on all questions relating to the science of medicine. In the social circle he was remarkable for his ready wit and agreeable converse. Dr. Hunt was about fifty-six years old. He had been twice married, and leaves a widow, a native of Charleston. One of his daughters resides in this city.

The substance of the above, is prepared from a notice published in the *New Orleans Times*. That paper, in describing the funeral, says:

"The remains of this distinguished gentleman, President of the University of Louisiana, and one of the Professors of its Faculty of Medicine, were yesterday followed to the grave by a very large number of our oldest and most respected citizens, representing especially the learned professions. This was due to one, himself an admirable example of erudition and the representative man of deep research and liberal education. It was due also to a family honored for its virtues and eminence in the higher walks of literature and useful learning. The service of the Anglican Church was performed over the remains at Christ Church, by the venerable rector, Rev. Dr. Leacock, whence the solemn procession wended its way to the tomb. No man deserved more the respect of our citizens. To none could they have been more heartily rendered. Thus has ended a most useful and honorable career. May the example of so reputable a life be an incentive to the rising and active generation to follow in his footsteps."

Notes and Comments.

The Surgical Diseases of Women.

By an announcement in another column, it will be seen that Dr. Horatio R. Storer, of Boston, will in June deliver a course of twelve lectures to physicians, at his rooms in Boston, on the Surgical Diseases of Women. Dr. Storer's qualifications for giving such a course are, it is well known, of the first order. He has for years devoted special attention to such diseases—was a student of and associated with Simpson of Edinburgh, being his assistant in practice in 1854—5, and was selected by him as one of the editors of his Obstetric Works.

We trust the Doctor will receive sufficient encouragement to induce him to continue his lectures at stated periods, once or twice a year.

Medical Teaching in Danville, Ky.

Drs. John D. Jackson, S. P. Breckenridge, and Prof. Ormond Beatty, of Danville, Ky., have associated themselves for the purpose of giving systematic instruction to students of medicine. The different branches of medicine are divided between Drs. Jackson and Breckenridge, while the students will have access to the lectures of Professor Beatty, in Centre College, on natural philosophy, chemistry, toxicology, and zoölogy. Illustrations in clinical medicine will be drawn from private practice.

This arrangement is a good one, and from

what we know of the intelligence, general medical attainments, and energy of Drs. Jackson and Breckenridge, we doubt not that it will be made beneficial to students. For particulars, address Dr. Jackson.

Fraternising With Quacks.

In the Reporter of March 30th, we referred to an advertising sheet called "The Doctor," a copy of which was before us, and contained the cards of several of the prominent physicians and surgeons of Cincinnati, associated with those of quacks, which, we had been informed, were put in "by authority," and paid for, as advertisements.

We are now informed by one of the parties named, that the insertion of the cards was wholly unauthorized, and is regarded by the members of the regular profession of that city as an outrage upon them, which they consider themselves powerless to prevent, as the parties committing it are irresponsible. We should be disposed to try whether there is no virtue in an injunction. There certainly must be some legal redress against so flagrant an outrage.

The Mineral Springs of the United States.

Messrs. Kelly & Piet, of Baltimore, have in press and will shortly publish a work by Dr. J. J. Moorman, of Salem, Virginia, on the mineral springs of the United States. The work will be issued in excellent style and will fill a void long felt in our medical literature. The author, a well known and accomplished physician, possesses every possible qualification for the task he has undertaken, great clearness as a writer, and a perfect acquaintance with the subject.

Correspondence.

DOMESTIC.

The Anæsthetic and Medicinal use of Chloroform.

Editor Med. and Surg. Reporter:

My attention was directed to a case of death by chloroform reported a short time ago. Permit me to make the following suggestions, as I have given it in over two hundred cases in the army and elsewhere. 1st. It is dangerous to give chloroform in well marked heart disease; to persons habitually intemperate; to patients pale, leucophlegmatic, corpulent, and of weak circulation. Again, 2d. Repetition increases the danger if within a fortnight. 3. Aquæ ammoniæ is by far the best immediate restorative. I have seen many cases where its success was well demonstrated, both circulation and respiration having stopped where other usual means had failed. It surprises me that it is reported as not having been used in the case referred to above, its use in cases of syncope being so well known and common. 4. Small weak constitutions or where its use is contra-indicated but desirable, a moderate dose of brandy given thirty minutes before an operation very much lessens the risk, though the patient thereby be made more restless for a time. I never have read of a fatal case where this precaution was used. 5th. No more than f.ʒij., should be put on the towel at one time, and time given to get its full effect before more is used. In the Bellevue Hospital case, f.ʒss, is stated to have been used without effect, and then ether given on the *same* towel—the ether increasing the effect—though the case seems to have been judiciously managed otherwise.

I have used chloroform internally for several years in combination with fluid ext. valerian and other nervines in delirium tremens, hysteria, etc., and fully endorse all the commendations of your correspondents. Used it lately in two cases of *mania-a-potu* in f.ʒij., doses every two hours, until sleep ensued. One or two doses were effective and more thorough than opium with less subsequent loss of appetite and prostration. I prefer syrup of ginger for a vehicle in its use.

H. L. W. Burritt, M.D.

Bridgeport, Conn., March 20th, 1867.

News and Miscellany.

Compulsory Vaccination.

At a late meeting of the Common Council of this city, a resolution offered by Mr. Stanton, that after the first of May no child should be admitted into the Public Schools without evidence of having been vaccinated within one year of the application, was amended by striking out one and inserting seven, and then adopted.

—— Dr. Elsner has succeeded in sensibly volatilizing carbon, and fully volatilizing silver, gold, the black oxides of cobalt and copper, green oxide of chromium, red oxide of iron, and oxide of iridium, by the temperature obtained in an enamelling furnace at some porcelain works. Platinum resisted this temperature, but platinum black (platinum separated in powder from a solution of one of its salts) was melted into small buttons.

—— Hudson River Asylum for the Insane.—The Managers of this Hospital, soon to be erected in Poughkeepsie, have appointed Dr. Joseph M. Cleaveland, of the State Asylum in Utica, Superintendent of the new institution.

ARMY AND NAVY.

ARMY.

Assigned to Duty.—Brevet Brig.-Gen. F. A. McParlin, Surgeon, Medical Director, is assigned to duty as Chief of the Medical Department of the Fifth Military District, and ordered to report without delay to the commanding General of the District of New Orleans. Brevet Col. J. R. Smith, Surgeon, Medical Director, is assigned the Chief of his Department in the Fourth Military District, and is ordered to report in person without delay to the commanding General at Vicksburg. Brevet Lieut.-Col. J. M. Getty, Surgeon, Medical Director, assigned Chief Inspector of Department in Third Military District, and ordered to report without delay to the commanding General at Atlanta. Brevet Lieut.-Col. C. Page, Surgeon, assigned as Chief of his Department, Second Military District, and ordered to report to the commanding General at Charleston. Brevet Col. J. Simons, Surgeon and Medical Director, assigned to duty as Chief of Medical Department in First Military District, and ordered to report in person without delay to the commanding General of the District at Richmond.

Brevet Lieut.-Col. J. R. Gibson, Assistant Surgeon, has 20 days' delay granted in reporting for duty at Santa Fe, New Mexico.

NAVY.

List of changes, etc., in the Medical Corps of the Navy, for the week ending April 13, 1867.

Past Ass't Surgeon E. M. Stein, detached from the Naval Rendezvous, Boston, and ordered to the Rec'g Ship Potamac, Pensacola, Florida.

Ass't Surgeon Wm. M. Nickerson, ordered to duty at Naval Rendezvous, Boston.

Past Ass't Surgeon E. M. Stein, promoted to Surgeon on the retired list.

MARRIED.

Curtis—Baker.—On the 31 inst., at the residence of the bride's parents, by Rev. J. F. Halsey, Mr. James A. Curtis, of Princess Anne, Md., and Miss Kate M., daughter of Dr. C. S. Baker, of Norristown, Pa.

Dippolt—Clarke.—On the 20th of March, in Cranberry, N. J., by the Rev. John Lowrey, Dr. Charles Dippolt, of Trenton, N. J., and Miss Mary B. Clarke, youngest daughter of Benjamin M. Clarke, Esq., of the former place.

Luckey—Ambler.—At Christ Church, Fifth Avenue, New York, on Wednesday, April 10, by the Rev. F. C Ewer, assisted by the Rev. G. B. Reese, of Dobb's Ferry, R. Livingstone Lackey and Mary G. Ambler, eldest daughter of Dr. J. G. Ambler, all of New York.

Osborne—Fox.—By Rev. G. W. Newell, March 31st, Dr. E. H. Osborne, of Belleville, and Miss Marion H., daughter of Rev. M. A. Fox, of Oregon, Wisconsin.

DIED.

Alcock.—In New York, April 4, Dr. James Alcock, aged 63 years and 16 days.

Brinckerhoff.—In New York, April 3, John Brinckerhoff, M. D., of Chicago.

Cooke.—At Holmdel, N. J., 10th inst., Sarah Elizabeth Cooke, only daughter of Dr R. W. Cooke.

Cooper.—In New York, April 11, Dr. James S. Cooper, in the 49th year of his age.

Gallagher.—In this city, on the 12th instant, Barbara J. M. Cardeza, relict of the late Dr. Joseph H. Gallagher, and eldest daughter of John Warburton.

Harris.—In Harrisburg, Pa., April 8th, suddenly, of heart disease, Dr. B. H. Harris.

Morrison.—In Sterling, Illinois, March 15th, Dr. William G. Morrison, aged 34 years. Dr. Morrison was born in Lancaster county, Pennsylvania. Last spring he removed to the West.

Spencer.—In Moorestown, N. J., on the 6th inst., Dr. J. J. Spencer, in the 75th year of his age.

OBITUARY.

Caspar Wistar Pennock. M. D.

Pennock.—At his residence, at Howellville, De'aware county, Pa., on the 16th inst., Dr. Caspar W. Pennock, in the 68th year of his age.

The following notice of Dr. Pennock, we find in the *Evening Bulletin* of this city.

Dr. Caspar Wistar Pennock, whose death at his residence in Delaware county occurred a day or two since, was one of those men whose names should not be permitted to pass away without a notice. The disease of his spine many years since compelled him to abandon the active duties of his profession, and withdraw to his country residence; where its gradual but irresistible progress destroyed all power of motion, leaving his mind only, and that entirely unaffected. That mind was of no ordinary character, and in the few years of his bodily vigor he had accomplished results which have linked his name indissolubly to those who adorned a profession which must ever stand the highest of human pursuits. As physician to the Philadelphia Hospital, a teacher of medical science, and the author of a work on diseases of the heart, illustrated by a series of well conceived and admirably executed experiments, he was well known to his compeers, who now occupy the most prominent positions in the distinguished medical associations of this city, to whom he was also endeared by those higher and nobler traits of moral character which adorned his entire life.

In Medical Science his reputation was high in Europe as well as at home, and his name will be transmitted to posterity as that of one who labored successfully to increase those stores of knowledge which enable physicians to arrest the progress of disease, and alleviate the sufferings of their fellow men,—while upon the hearts of the few who were not prevented by his secluded residence and diseased body, from social intercourse, he has left an indelible impression of distinguished worth. With an unwavering faith in the objective truths of the religion of Christ, he cultivated nobly that enduring charity which is its highest manifestation, and lived and died as one of those worthy to be had in everlasting remembrance.

METEOROLOGY.

April,	8,	9,	10,	11,	12,	13,	14.
Wind.....	S.	S.	S. W.	N. W.	N. E.	W.	S. E.
Weather....	Clear.	Clear.	Cl'dy.	Clear.	Cl'dy	Clear.	Clear.
Depth Rain..							
Thermometer.							
Minimum.....	41°	45°	40°	42°	39°	40°	39°
At 8, A. M.....	49	54	45	50	49	53	47
At 12, M.....	64	57	57	54	55	59	60
At 3, P. M.....	65	58	56	55	56	60	60
Mean.....	54.75	53 50	49.50	50 50	49.75	53.	51.50
Barometer.							
At 12, M.....	30.2	30.3	30.	29.9	29.9	30.4	30.4

Germantown, Pa. B. J. Leedom.

AMERICAN MEDICAL ASSOCIATION.

The Eighteenth Annual Meeting of the American Medical Association will be held in Cincinnati, Ohio, on Tuesday, May 7th, 1867, at 11 o'clock, A. M.

Secretaries of all Medical Organizations are requested to forward lists of their delegates as soon as elected, to the Permanent Secretary.

W. B. ATKINSON,
215 Spruce Street, Philadelphia, Pa.

THE

MEDICAL AND SURGICAL REPORTER.

No. 530.] PHILADELPHIA, APRIL 27, 1867. [Vol. XVI.—No. 17.

Original Department.

Communications.

CHOLERA AND CONGESTIVE FEVER.

Read before the New York County Medical Society, April 2d, 1867.

By Edmund Fowler, M.D.

Reported by E. S. Belden, M.D.,

The principal paper of the evening was on Cholera and Congestive Fever, by Dr. Fowler, as follows:

Mr. President, and Gentlemen: I shall speak to-night, though rather discursively, of Cholera and Congestive Fever.

In every disease of magnitude, whether it extends its course through many days or culminate within the hours of a single day, there always remains a portion of its history unrecorded. Every man of experience and intelligent observation must acknowledge to himself that there are *expressions* of disease, which, although daily seen and sought to be interpreted, cannot be delineated in language. Affections having their seat in the blood are especially marked in this respect, and have a physiognomy of their own, palpable and distinct. In cholera the blending signals of physiognomy and physiology, which harmonize with the pathology of the disease, so far as is understood, form a group of symptoms, a table of expressions of great value to the physician. These *expressions* of the overwhelmed organism have an importance second only to the physical or pathological signs, and results, as seen in the disintegration and destruction of tissue. The history of disease; the history of a single malady like cholera, may, like the history of governments, or of human society, be legitimately questioned; the interpretation of its governing and determining action attempted, so far as the laws controlling vital action will permit, or as they are known. We all know how anxiously the medical mind has sought to interpret aright the symptoms and facts of epidemic cholera before and after death. Not less anxiously and laboriously have the keen and brilliant intellects of our profession swept the field of its etiology, tracked its march across deserts, over mountains, along rivers and lines of travel. That its course is specific, that its poison has a distinct identity, demands no further proof than is found in the fact that in all climates, through all its history of coming and returning, it has preserved its characteristics, and maintained its sameness. The Hindoo physicians say that cholera has always prevailed in Hindostan, and the name they give it, *mordexin*, death blow, is graphically descriptive of its malignity. All accounts agree in stating that it has appeared from time to time for nearly two hundred years, in the district of country northeast of Calcutta. But it is not my purpose to extend my inquiries concerning its specific poison, further than to state that the circumstances of soil and climate, and the general features of the locality originating in the epidemic which travelled over the western world, may assist in determining the classification of the disease.

The characteristics of cholera are initiative diarrhœa, violent purging, vomiting, cramps, præcordial oppression, restlessness, a quick, rapid, thready, distinctive pulse, cold surface, cold profuse perspiration, wrinkled sodden state of the skin on the extremities, intense thirst, a sense of burning heat in the epigastric region, and in the bowels, a rapid sinking of the powers of life, collapse, and death; or reaction and consecutive fever.

In the algid form of congestive fever, in the abdominal species there is vomiting, serous purging, which is at times floculent, with præcordial oppression. There is great restlessness, intense thirst, a burning heat in the epigastric region and bowels, cold skin, often cold, profuse perspiration, a small, quick, thready pulse, blueness of the lips, collapse and death; or reaction, and not unfrequently consecutive fever. This, however, more frequently attends remittent disease.

This outline presents not essentially dissimilar characteristics. I make no effort at a lengthened detail of all the circumstances and lesions pecu-

liar to either affection. I shall touch here and there on their similitudes.

There are many lesions, of function, of tissue, and of blood, analogous, if not common to the two diseases.

Lesions of expression, although they leave no trace, and furnish no facts for the dissecting knife, are as much a part of the history of disease, as changes in tissue. They are important in determining the exact demands of the case. We all know there is a language, not of words, not of signs, and yet depending on signs, which speak from the rapid assemblage and grouping of all the features of a disease. We feel that there is a light, an illumination, coming up from the disturbed economy of the patient, to our intellect, our sympathy, and our logic; and from this fact often comes our happiest and most skilful determinings. We make no attempt to explain and analyze this phenomenon, as it would lead us too far into the subject of *vital metaphysics*, both in disease and in health.

In lesions of temperature of the skin, its changed and sodden state, its being bathed in a cold and often profuse perspiration,—the two maladies present great similarities; and even a *lay* bystander who had witnessed both cholera and congestive fever, would remark their resemblance.

What function is first disturbed? What secretion is first changed? What tissue, what membrane, first receives the impression of the specific cause of cholera? What relation exists between the blood and the prodromic diarrhœa? Are not the blood-changes more uniform, more constant than found in the solids? Have there been seen, or have there been recorded cases where the blood presented no lesions in this disease? Can there be a case of cholera, and the blood remain *intact?* All the records throwing light and information upon this subject, concur in this, that early and important changes begin in this fluid. That these lesions proceed, and accompany the profound changes in the mucous, serous, and glandular tissues, is pretty evident. The relation of the blood to the tissues is not only disturbed, but the relations of its own elements suffer interruption. The harmony of its circulation is broken; nearly the total volume of this pabulum *rests* in the capillaries and veins. The arterial tree is almost excluded from the rôle of circulation.

Where do these changes take place? in the lungs, in the arteries, or in the veins? If in the lungs, then why are they bereft of blood? If in the arteries, then explain why and in what manner the thick ropy adhesive blood is driven through the capillaries into the veins? We have no idea that simple loss of the serum of the blood can explain the phenomenon of cholera. It is only a link in the chain of morbid action; and as to its eliminative action, it is well to bear in mind that the *plasma* of the blood has by no means been proven to be the only element of this fluid affected by the poison. The theory of spasm of the pulmonary artery excluding the blood from the lungs, strikes me as being open to the objection, that it totally fails to explain the pathological condition of the blood. It is not proven that simple arrest of blood in the left heart and in the veins, its retained excess of carbon, will result in the pathological condition found in this fluid in cholera. Were it true, it would greatly simplify treatment and pathology. But looking at the consecutive phenomena as they occur in the disease, and which have a direct relation to the pathology of the blood, we cannot but think that other causes are necessary to the full explanation of the blood and arterial system.

In congestive fever, one of the first facts to be observed in the blood, is its thickened condition. It is sometimes oily, and gathered into large, well-formed globules; escaping from an open vein slowly and in drops. At other times it is adhesive, and cannot be made to escape from the vessel, but is still thickly fluid. In extreme cases of congestion, proving fatal within ten to eighteen hours, the blood is perfectly gelatinified in the veins. In these cases, if a vein be laid open to the extent of twelve or eighteen lines, so as perfectly to expose the blood, it will be found of the consistence of partially coagulated albumen; dry, adhesive, and retaining its cylindrical form, after being carefully removed from the vein. I speak now of what I have witnessed, while yet the patient was able to walk from his bath to his bed; where he expired within ten minutes after I had exposed the blood to view. The congestion in this case was in the chest and abdomen; the intellect remaining clear and undisturbed. The limbs, in some instances, the body, neck and face very generally, are observed to be fuller, more plump, before and after death in congestive fever, than in health. Where this is seen, the congestion is very profound; and is attended with slight, if any, serous discharges from the bowels. This phenomenon is characteristic of the disease. Its explanation must probably be sought in the fact that the *plasma* of the blood is exosmosed into the cellular tissue underneath the skin; and the like pathological changes which reduce the remaining portion of

blood in the veins to a semi-fluid state, take place in the albuminous element of the exuded part, so that when once thrown into the surrounding tissue, it remains in the state of a partial solid. It is a matter of interest that this spissitude of the blood, so nearly corresponding in physical appearance in the two diseases, and found rarely, if ever, as an attendant in other maladies, should be followed by such opposing dispositions of the blood *plasma*. But even in this particular, the parallelism becomes more apparent where, in the fever of congestion we have abundant serous discharges, followed by sodden, wrinkled skin on hands and feet.

But what is congestive fever, and why do I speak of it in connection with cholera? In the great valley of the United States, its base resting on the Gulf of Mexico, its northern boundary reaching to the shores of the Western Lakes, and known as the Interior Valley of North America, intermittent, remittent, and continued fevers are endemic. Vernal and autumnal fevers have marked the history of this vast area since its inhabitancy by civilized society. So far as the imperfect records of diseases and their characteristics, and their changes in type or severity are preserved, throwing light on this subject throughout this important region, and so far as tradition obtains among the profession and the more intelligent laymen, the fevers of the South and the fevers of the Lake country, preserved from year to year their distinctive uniformity of feature, varying in intensity, were in greater or less degree simply inflammatory or typhoid.

In this allusion, my purpose is to state, that immediately following the track of cholera through this territory, physicians began to see the fevers therein assuming new violence and taking on new features. "This was especially true in the level and prairie regions of Alabama, Mississippi, Louisiana, the southern shore of Lake Michigan, from Chicago around to St. Joseph River, of Lake St. Clair, Lake Erie, and from Lake Huron to Lake Ontario." (Drake.) I will remark in passing, that all the country between the Gulf and Lakes is not equally subject to fevers, simple or malignant. On the contrary, very considerable portions are exempt from fevers of the congestive type. Pretty extensive inquiries among physicians who practised in the Gulf States of the South before 1835, resulted in finding a very general concurrence among them in the opinion, that in the fever which they called congestive they had met a new disease. Not that it was unusual to find congestion complicating and adding to the dangers of fevers, but that the congestion which gave distinctiveness and character to fevers which first startled the inhabitants of those States in 1834, culminating in 1843, was attended with phenomena so unusual, so exceptional, as to demand a new name.

Attention to the character of epidemic cholera, watchful of its influence in modifying disease, even in sections where no cases of the epidemic had occurred, physicians could not but remark the resemblance in many essential respects in the known symptoms of cholera and the new type of fever.

The assemblage of symptoms characterizing congestive intermittent is scarcely less graphic than that of cholera. Its graphical presentation is, however, less easy, because of its varying seat, involving the viscera of the abdomen in one case, the organs of the chest in another, and leaving these comparatively untouched, seizing upon the brain and spinal cord. But in all cases where the economy is stricken down with this malady there is an unfailing expression or appearance which I believe is only seen where the blood *parts with its plasma*, and the remaining elements take on the changes, vital and chemical, observed, I think, only in epidemic cholera and in congestive intermittent fever. The skin is not only cold, but it looks cold. Its touch is not unlike a marble coldness. The cold stage of common intermittent, or the cold surface in the collapse of fevers, bilious or typhoid, does not give to the eye or touch a like impression. An important fact, and a differential one is, the different result following bloodletting in simple congestion and algid congestion. If in the former a vein be duly opened, blood will flow quite freely; and if sufficient be drawn, the artery in the wrist will expand, become fuller and softer, and less frequent, while the patient will experience a feeling of relief. If in the latter, blood, even in small quantity, be taken from the system, it is immediately followed by increased restlessness, a sense of impending death, intense thirst, a more rapid thready pulse, and an increased cyanosis of the skin. In the first place venesection is followed by increased temperature of the surface, in the other the temperature is diminished. Practically, and as ground for classification, these conditions of disease are more important than lesions of the mucous membrane of the stomach or bowels recorded in pathological tables.

Another differential feature in congestive intermittent fever, is the manner and circumstance of the attack, which, unlike that of common intermittent, in a large minority of cases presents no chilly sensation, the patient is not conscious

of having a chill. He may feel dull, be disposed to sleep, complain of pain; a feeling of *tired aching* is very generally expressed; the surface remains cool, while he will say he is burning up inside. Then in the best defined cases the patient, although vomiting almost constantly, vomits no bile, but ejects large quantities of mucoserous fluid.

Most writers describe a paroxysm of malignant intermittent — little else than the cold stage of an ordinary intermittent deepened and prolonged. (Drake.) The blood largely driven from the surface, and circulating with difficulty through the internal veins, is very generally regarded as constituting the chief diagnostic fact, distinguishing these two forms of fever. The congestion is truly deepened, but not prolonged in the more malignant attacks. I have known some few instances where the cases terminated in death within two hours of the commencement of the congestion. In cases less malignant, but presenting all the conditions of the disease, I have, within the first three hours of the attack, let a dram or so of blood, for the purpose of examination; and so far as I can recollect, found it thick, syrupy-like, and more or less adhesive. Simple intermittent has no such lesion of the blood; neither are its lesions of expression—the general appearance of the patient—at all correspondent to those in fevers of the algid type.

There is another fact important in its bearing, which early drew my attention, but so far as I have seen has been mentioned by no writer on the subject; namely, the profound change in the nutrition of the system, following even a single severe malignant paroxysm. The blood becomes cachectic, and continues so for twelve to eighteen months. The complexion is pale; the skin chalky, showing little action of its bloodvessels; the features in the meantime wearing an expression of sadness and hopelessness. If the case has been severe, and been continued far into the consecutive or inflammatory stage, three years are not more than sufficient to restore the blood and all the organs to a healthful action. I do not know that cholera with all its profound changes in the anatomy of the tissues, and in the blood, leaves so many morbid traces, and traces so difficult to efface. This blow on the nutrition of the body, and characterized by symptoms differing from the *spanœmic* condition seen in neglected or protracted simple intermittents, is pathognomonic of the disease.

Congestive chill fever occurs, perhaps in a majority of cases, in the course of intermittent and remittent fevers. It is most fatal in regions especially visited by vernal and autumnal fevers. This is generally true. It was exceptionally fatal in the cretaceous, or rotten limestone regions of Alabama. At present it is rarely seen there; and the lime or *prairie* lands are of late resorted to for health during the summer months. Doubtless, the specific miasm of congestive fever unites and coalesces with the fever miasm common to the country; and this union of the two poisons is the cause of malignancy and fatality. Cholera is known to be more fatal in limestone regions in this country than in older geological formations.

The two diseases approach more nearly in all the elements of malignant congestion in cretaceous districts than on alluvial soil. I do not know if bowel affections are more common in the prairies of the South, than in territory along the banks of our rivers and creeks, as is true of the lime regions of the West. But it is true that the vital powers appear less resisting when attacked by marked congestive disease, if the patient has used as a drink, water impregnated with lime. This analogy in effect, if not cause, cannot be accidental. It has been repeated in all essentials too many successive years. This congestive disposition was maintained in the South until the specific *miasm* of yellow fever swept over the Gulf States in 1853, when a new impression was given to the character of our intermittents, remittents, pneumonia, etc. *Now* congestive chills are rarely seen; and physicians who began to practice in south Alabama within the last fifteen years, will tell you they have seen little or nothing of this disease; and in this period there has been no evidence of epidemic cholera influence in the interior of these States, except during the past year. There are reported and recorded fatal congestive cases along the banks of the Ohio, and around the southern borders of the western lakes, anterior to the invasion of cholera in 1832. But the accounts do not, as I apprehend, describe what is regarded by subsequent observers as *the* congestion in these localities following epidemic cholera. We do not have in these imperfect histories, any light thrown on the condition of the blood. It is not claimed that the consecutive appearance of any two diseases, is proof of identity of cause or of relationship. But when we have not only successive, but many and sustained resemblances in symptoms and in morbid anatomy, it is legitimate to conclude not only that affinity exists between them, but that the specific cause of the prior or original disease, enters largely into the origin of the consecutive or modified type. It has occurred in New Orleans on two or three separate occa-

sions, when cholera and yellow fever have been present at the same time, that cases of cholera have given as a *post-mortem* fact, genuine black vomit in the stomach; while the *cadaver* from yellow fever has exhibited the contractions of the muscles, which make so remarkable a part of the history of cholera. This fact simply illustrates the moulding power of choleraic influence on the miasm of the common intermittents and remittents of the South and West.

Both in cholera and malignant chill are found analogous states of the blood. In both diseases it is believed that the earliest changes occur in the blood. In both, the coldness of the surface, the thready pulse, the vomiting, the insatiable thirst, præcordial oppression, restlessness, absence of bile in the dejections or ejections; the continued strength of the patient, the feeling of burning heat in the bowels and epigastric region, the wrinkled, sodden and shrunken skin of the hands and lower extremities, and in the color of the lips, the two affections may almost be regarded as one. Rice-water discharges is the rule in one case; serous discharges are frequently present in the other. Very rarely, rice-water evacuations have been noticed in the latter also. In the one disease, the most suddenly fatal cases are those in which the discharge and the secretion is slight. In the other, death ensues most quickly where there is no movement of the fluids toward the skin or intestines, and but a slight movement through the kidneys. In both, the congestion is rapid and profound.

On one occasion, as I entered the room to see a sprightly child of eight summers, who had been stricken down with a malignant chill within the two preceding hours, he arose from his bath, walked to his bed with a quick step, laid his head on his pillow, and in ten minutes was dead. This was an extreme case. There was neither vomiting, purging, nor excessive perspiration. It was not unlike many cases described by Mr. Orton, in the second visitation of the cholera in India, in 1818, in which "vomiting, purging, and spasm were in a great measure, absent."

We term one congestive fever. Is cholera a fever also,—a fever of a single paroxysm, a fever having its own phenomena, even as classified fevers have theirs? Clear and accurate thinkers in the profession are of this opinion, which receives strong support, if not confirmation in the fact, that it originated in a locality reeking in miasm, and abounding in elements capable of generating febrile diseases. Dr. McIntosh objects to considering it a congestive disease, because it is never ushered in with chilly sensations. If this were an argument, it could be met by the history of cholera symptoms by Dr. Bennet Dowler, in New Orleans, who, in notes taken at the bedside of the patients, describes a series of cases where chilliness and cold were complained of. Doubtless locality has something to do with this symptom.

I do not use the term congestion simply in the sense of *pernicious*, as applied to fever, intermittent, or remittent. I do not use it as designating the gravity or violence of fever. As applied to one of the forms of intermittent fevers, it has a *generic* signification. I do not use it as descriptive of the stage of nervous exhaustion, as it occurs in the course of pernicious intermittents as described by European and most American writers on the subject. Neither do I apply it to inflammatory forms of disease, or use it in that sense; although congestive fever may, if prolonged into the consecutive stage, like cholera present signs of inflammation. In congestive fever, the hot stage is blended with the cold stage; while the cold or congestive phenomena give character and type to the fever. The cold paroxysm and its attendant congestion constitute the disease. Its removal is followed by no hot stage or period of reaction. Like cholera, congestive intermittent is free from the intervention of a long paroxysm of fever. Like cholera, there exists a strong tendency to collapse, and this tendency is increased by serous evacuations from the bowels, and the effect of these evacuations is almost identical in the two affections.

The relations of these two diseases may then be inferred from the history of their invasion as to time, and their similarity in character.

I cannot, as was my purpose, speak of the analogous states of the capillaries, the degree and effects of the intense and painful burning heat in the veins and capillaries, and the effect of remedies on the blood and consequent congestion.

CONTRIBUTIONS TO TOXICOLOGY.

By P. H. Vander Weyde, M. D.,
Late Professor of Chemistry and Toxicology at the New York Medical College.

No. 1.—Nitro-Glycerine.

That this substance must be poisonous is evident from the manner of its preparation and its chemical composition. It is made from glycerine in exactly the same way that gun-cotton or pyroxilin is made from cotton or other ligneous fibres. Its poisonous properties have been verified by workmen engaged in rock-blasting, who drank it, supposing it to be Irish whiskey, and an almost instantaneous death resulted.

Lately I had occasion to observe some of its physiological effects when taken in small doses. The principal symptom is produced even when touching the tongue to a finger moistened with it. An intense pain at the base of the cerebellum and through the medulla oblongata is the result. This symptom is also produced by the simple inhalation of the vapor produced by its explosion in localities where the ventilation is deficient. This was lately also observed in the operation on the Hoosac tunnel, Mass. As an antidote I find strong coffee the best; but to be effective in severe cases, it must be as strong as it is possible to make it, and to be true coffee, ground from the bean, and not adulterated with burnt rye or similar substances.

INFANTILE DISEASES AND THERAPEUTICS.

By Jos. Adolphus, M. D.,
Of Hastings, Mich.

Sick children, like beautiful flowers, are quickly injured by unskilful management.

No department of medicine is so sadly neglected as the diseases of children. Patience, skill, and caution are so necessary in the treatment of these diseases, that but few are successful in their management. Their delicate organization; the extreme susceptibility and sensitiveness of their nervous system; the equally sensitive and easily irritated mucous surface; the low degree of vital capacity and vital force; the extreme activity of nutritive life; and the exceeding ease with which they are deranged; the rapid exhaustion which supervenes on the derangement of the life forces; the extreme sensitiveness of these forces to the action of remedial and morbific agents, all conspire to make the treatment of their diseases a very delicate matter. The exquisite development of irritability, sympathy, and nutrition, make their diseases more severe, and their mortality high.

Of the anatomical and physiological difference between children and adults, I may mention the sensibility of the cerebro-spinal axis, the activity of the circulation, and the reflex action from the skin to the internal organs. The irritability of the digestive mucous surfaces, coupled with their marked sensibility, accounts for the severity of intestinal disorders. The rapidity of digestion, the activity of nutrition, tell us that any suspension of the nutritive powers must result in great danger to organic life, and teach us that in treating their diseases our main efforts should be to keep the nutritive forces in as good running order as possible. As the child's mind is readily pleased by trifles, so its sick body is readily cured by restorative means. During the process of dentition, infancy is passing through a state of combined activity of developement and irritability of nervous force. The development of the latter overbalances all the functions, and by bringing around a more or less depraved condition of nutrition, induce such a condition as easily gives origin to those terrible diseases that attack the frail organism during this important epoch. The amplitude of secretion betokens a condition of life on the verge of pathology, and indicates the astonishing defection of the protective capacities of the life-forces of infancy.

Disease in them is rapid in its course, because of the inherent weakness of molecular life. This has given origin to that rascally doctrine and practice, that because of such activity of disease, the treatment should be also active. This doctrine no doubt bears a large share in producing the high mortality in infantile diseases. The physiological correlation of sympathy and recuperation, is too often lost sight of by those who treat these diseases. The most terrible and fearful fits of convulsions I have ever seen, occurred in a child suffering from inanition brought on by the poverty of the mother's milk, continued for twenty-four hours, and was not relieved until a sufficient quantity of good food was persistently administered.

I have found that convulsions occurring with great severity, if not too often repeated, "run themselves clear" under mild and restorative treatment.

I can recall three cases of hydrocephalus attended with severe convulsions and recovering.

After the first year, when the controlling influence of the brain is brought to bear on and balance the activity and sensibility of the spinal system, we find the purely spinal conditions of nervous complication are not so exceedingly frequent, but there are added all the additional train of coma and its varied modifications. Infants under three years old should ever be regarded as tender plants, ever ready to die because life in them is but a ray of light easily obliterated.

The great error that most generally occurs in treating their diseases is the laying of too great stress on the exaggerated symptoms of nervous sympathy that arise very often during their sickness. Thus, an infant, eleven months old, suffering from capillary bronchitis, and being rather actively treated, I was called in, in con-

sequence of the great dyspnœa, humid breathing, semi-comatose condition, and blueness of the face, hands, and nails. When I saw the case I at once recognized a sympathetic and irritated condition of the pneumogastric nerve, in consequence of exhaustion brought on by an active treatment, which was aggravating the nervous system, giving the case the appearance of active inflammation. A mild stimulant treatment with *filtered* beef-essence removed the difficulty, and the case made a good and rapid recovery.

I saw, a few months ago, a child three years old, who was awakened from his sleep in a great fright, making a loud outcry. He placed his hands on his head and complained loudly. In a half-hour he vomited green and bilious matter, and kept it up till the morning, when I saw him.

I was hardly in the house when he went into convulsions. The first impression I had was that of acute tubercular meningitis, but on making a more rigid examination I found that the breathing was abdominal, which called my attention to the chest, an examination of which revealed *double pneumonia*. The case was treated with mush-poultices to the whole thorax, quinia, Norwood's tincture of veratrum viride, and beef-essence. Forty-eight hours after commencement of treatment, the head symptoms passed away and the chest symptoms fully developed.

Who has not seen sick children, while lying on their beds, when convalescence from acute disease is just about to commence, bury the back of their heads in the pillows, and turn away from a bright light? This is looked upon as a premonitory symptom of hydrocephalus, and often calls out treatment for such, (through error of diagnosis,) when the child should receive tonics and stimulants. These symptoms under such circumstances refer to the sensitive and irritated condition of the medulla spinalis in consequence of exhaustion of nerve force and variety of nutrition.

Let us look at the mortality record of early life. How dreadful the thought that six-tenths of the children die before puberty! and three-fifths of these die before five years, and two-thirds of the three-fifths die before twelve months! Why is this? Depraved nutrition and "bad doctoring!" The great disturbance of the nervous system during dentition, the partial and often total arrest of nutrition, the draining and exhausting excretions and fluxes, the intense nervous depression, all of which engender lesions which can only be removed by thoroughly sustaining the life forces by proper restorative treatment and keeping up as much as possible the nutritive forces. Let us apply this grand truth to the whole infantile economy. The whole organism is unusually excited, followed by great waves of depression, and it requires a goodly sum of life force to meet this state without flinching and much suffering. This abundance of life force unfortunately falls to the lot of but few infants, and the results are, that the great majority of teething children become an easy prey to a multitude of diseases. It is the period when the little sufferer is budding from infancy to childhood, a period in fact more tender and sensitive than any through which it will pass during the whole course of future life. The mere "cutting teeth" is of trivial moment, but for the precarious condition of the nervous system which this process induces, and which is likely to entail serious and abiding ill results, unless properly managed.

The gum lancet is of more value than is generally supposed, but it must be used only when the child is suffering from severe nervous irritation in consequence of the irritated condition of the gums, which reflects itself on the whole spinal system. Here the gums are red, tender, swollen, tense and hot. The child drules, it is restless, exceedingly fretful. Its skin is hot and often the whole cutaneous surface is exceedingly sensitive, and the nervous system so sensitive and excited as to bring on convulsions. Here the gum lancet works wonders as by magic. I have seen a child snatched from convulsions by lancing its gums, and immediately restored to quiet and good nature. But the use of the lancet is not without its evils. It leaves a hard cicatrix through which the teeth have to force their way. But I believe it is right to do a little evil that good may abound.

The condition of the gums are duplicated throughout the entire alimentary canal to a greater or less extent. All the diseases occurring there are in a great measure strongly marked with brain and spinal symptoms, because of reflex action through excited sympathy. I have seen cholera infantum preceded by convulsions, spinal congestion by dry and harassing cough, simulating pulmonary disease, which a couple of days on belladonna, or ergot and tonics, would relieve. I saw a child who vomited for twenty-four hours so hard as to go into convulsions. The whole train of symptoms was cured by injecting morphia and quinia hypodermically, and never returned. A case of profound coma in a girl seven years old, came under my notice two years ago. She was being treated for cerebral disease pretty actively when I saw her. The

coma was made to yield to quinia and chloroform internally, with belladonna.

Cholera infantum is too often treated with calomel when it should be by oxalate of cerium and quinia. The former remedy is of great value in the diseases of women and children. The excited condition of the pneumogastric and vaso motor nerves in children bring on some ugly symptoms, which are often controlled by the oxalate of cerium. In the vomiting of children and women I have found no remedy so good.

Large doses of medicine and active treatment are seldom safe for sick children. Mercury, antimony, and opium, are questionable remedies in their cases.

Sick children need food, if anything, more urgently than adults. If we recollect how rapidly the heart beats, and how swiftly the blood speeds through its vessels, how exhausting nervous excitement is, how rapidly inanition and exhaustion follow disease, how terribly emaciation progresses in them, we cannot fail to see the great necessity of strictly attending to food. I often hear it asked, how sick children can be made to digest food when their appetite is so entirely gone. It is worth our while to recollect that the same force that appropriates medicine will also appropriate food. We can often do more good by giving small doses of medicine and attending strictly to food, than otherwise.

Again, we often see acute disease in them yield readily to mild treatment and nutriment, which had resisted a more active course. Thus, a child six months old, was suddenly attacked with vomiting and diarrhœa, which latter soon became bloody. The child was treated with calomel, prepared chalk, and kino, by the attending physician. I saw it twenty-four hours after, when I ordered it

℞.	Quiniæ sulph.,	gr. xx.
	Glycerine,	f.ʒij.
	Aquæ cinnamomi,	f.ʒiss.
	Tr. digitalis,	f.ʒss. M.

Teaspoonful every two hours—a mush-poultice to its belly two hours after the vomiting had entirely ceased, and in twenty-four hours later the bad symptoms had nearly all left. The child recovered finely in three days.

Moist heat is one of our very best agents in combating the diseases of children. Its action on the ganglionic system of nerves, its power to renew or waken up the depressed vital forces, and allay the irritation of nervous centres, makes it of great value. In acute diseases the vital depression is so great and the tenure of life so feeble, that the little vital force left is easily harassed out of existence by medicine.

It is apparent that their operation at that time assists materially in depressing the vital forces and increasing the exhausting influence of disease, by consuming the little vital energy remaining, which should be nurtured, and employed in resisting morbid influences, restoring the exhausted forces, restoring deranged and perverted functions, and in appropriating nutrition. I am satisfied that infants reappropriate effete material and elaborate it into elements of interstitial nutrition. This is shown by the rapidity of interstitial emaciation during diseased action, and the equally rapid restoration to plumpness after recovery in many instances.

Three years ago I saw nine cases of scarlatina maligna, when the throat and skin symptoms were of extreme severity. The eruption was of a purple color and universally diffused over the whole body. The scalp, the palms of the hands and the soles of the feet, were equally covered by a fine close eruption. The skin was of a dirty purple color, and the heat of surface measured from 108 to 109 degrees. The secretions from the throat were of a fœtid character, dark brown, and quite tenacious, and the ulcers decidedly diphtheritic. The papillæ of the tongue were remarkably prominent, and of a brighter red than the body of the tongue, which gradually grew from a dirty yellowish brown to a dirty dark red brown color, very smooth and dry, cracked in the centre and furrowed on the sides. The pulse averaged from 115 to 160. It often was soft, seldom full and hard, and in the older cases early became jerking, and sometimes irregular.

The first symptom observed was the fiery red tongue followed in a day by the strawberry papillæ, then the extreme heat of surface would begin to show itself in a few hours. Three cases were stricken without any premonitory symptoms but the above described tongue. In children under three years of age convulsions usually ushered in the attack. These were seldom preceded by premonitory symptoms. Of the recorded nine cases, three were under a year old, four between two and eleven, one fourteen, and one seventeen, and but one death, which occurred within twenty-four hours after the attack.

The treatment in all these cases was substantially alike for all ages. In all the cases over a year old a strong infusion of young hyson ʒij, water f.ʒv; of this a teaspoonful was given more or less diluted, at intervals of from two to six hours, according to the condition of the nervous

symptoms, which were most remarkably controlled.

Symptoms of profound asthenia would often show themselves at an early period, and the depression of the nervous forces accompanying it, increased to an alarming extent the danger of this epidemic at an early day. A nourishing and tonic treatment repeated as often as convenient, seemed, in connection with the tea, to arouse from the most profound depths of depression.

The cutaneous surface was sponged off with a solution of carb. ammon., to which its equal bulk of alcohol was added. This remarkably reduced the intense heat of the skin, and relieved the restlessness. The essential features of this epidemic was the vacillation of the eruption, sometimes disappearing in an hour, inducing all the fearful symptoms of scarlatina maligna.

This condition was met by the tea in larger quantities, and a more thorough use of the beef essence given by the rectum. The tea stimulates the nervous forces without materially disturbing the circulating system. Coma was warded off by it, and convulsions in all cases under two years were prevented. The powers of the tea over nutritive life are exceedingly pleasing, it stimulates the life forces of molecular tissue, endowing it with a greater amount of assimilating power through the great sympathetic nerve. It enabled the system to reassimilate amorphous effete matter into new morphological elements without a severe taxation of the general nutritive and life forces. No doubt, through the rapid process of destruction that takes place in disease, large quantities of tissue are floated off long before they fulfil their destiny, thereby inducing a state of interstitial inanition, ending in rapid death. The power of tea and coffee over interstitial nutrition, has not been sufficiently attended to.

Many of the German physiologists and chemists, have taught that tea and coffee prevent the elimination of urea, while English pathologists teach that they cause an increased elimination. The facts are simply these, that in health a normal destruction of tissue goes on, which is far less than in disease. Tea and coffee, therefore, in health, only appear to prevent the elimination of urea. The fact is, it acts upon molecular tissue, causing it to reappropriate the rejected elements. The result is, hunger is appeased and and *less food is needed*, interstitial emaciation is prevented to a greater or less extent, and less urea is left for elimination.

In disease emaciation is more rapid, destruction is the great result, abundance of urea is eliminated, while the supply of food is cut off. Hence the great danger in all fevers, and especially in those of children, when the brain and spinal system are so easily disarranged. Tea therefore, works exactly where it is needed, on the nutrition of molecular tissue, by causing the rapid emaciation to be compensated for during the absence of food and active digestion. It further acts more kindly on nerve tissue, supplying it with material out of which it can maintain its functional stability and nutrition.

Quinia was administered in muriatic acid in very small doses often repeated, thus

℞. Quin. sulph., gr. vj.
Acid. muriatic, ♏xx.
Aquæ, f.℥viii. M.
Teaspoonful every half hour.

This appeared to increase the digestive powers remarkably. Belladonna in minute doses was administered often during the day, the doses never exceeding 1.40th of a grain of the best extract.

Death by inanition is a frequent result of infantile diseases; the shock on the nervous forces is great in consequence; the interstitial waste material blocking up the eliminating glands, induces serious morbid changes in the blood, serving to heighten the gravity of diseases in them. This, no doubt, gives origin to many of those severe nervous symptoms that arise during their diseases, which are so often erroneously met by active treatment. But few children pass through life without being doctored for worms or worm fits.

Children of low vital endowment recover very slowly from acute disease; this is also true of those who were in robust health, in a great measure, before being attacked with acute disease. It is here when the seeds of future constitutional vitiation are laid. The condition of such is that of extreme ænemia. The nutritive powers are so much exhausted, and the nervous powers depressed to so great an extent, as to allow effete material to be harbored and deposited in important vital organs, and become centres of constitutional disturbance. This is, in fact, the great foundation upon which is established that vitiation of local nutrition so prolific in depriving the whole nutritive process of vital activity and normal development. It is here when the chyle fails of perfect elaboration. Though primary digestion may be correct, and the gastric and intestinal changes of the food may be, as far as we can ascertain, complete, yet the forces in the molecular life may be so depressed, as to prevent the accomplishment of that state of normal nutrition so essential to the reproduction of those morphological

changes of physiological tissue. The lacteals are no longer influenced by those inherent vital forces resident in elementary tissue, which latter reflect their vital force on these carriers of nutrition. Molecular life is incapable of metamorphosing the plasmatic nutritive material so brought into appropriate elements of tissue, nor can the depressed molecular life control the development of tissue, and so we have set up abnormal secretion as excretion, because the neoplasms are morbid. Furthermore, *interstitial digestion* is incomplete and effete, albumen and fibrin are then easily passed through the lymphatics to the tissues, and the blood discs imperfectly elaborated in the chyliferous organs, or incapable of carrying sufficient oxygen to the tissues, or of absorbing the carbonic gases resulting from molecular digestion, crowd the circulating fluid with imperfectly assimilated material, which is incapable of being properly and fully oxydized in the lungs to make them soluble and excretable, are deposited and become centres of local irritation.

To overcome this condition, we need to offer to the tissues stimulating tonics. This is accomplished by alcohol, quinia, strychnia, iron, and lime.

The hypophosphites in combination with the phosphates answer this purpose admirably, and constitute true chemical food. My formula that I have used for six years is as follows: 626 grains of hypophosphite of lime dissolved in six ounces of soft water, and 528 grains crystals of oxalic acid dissolved in four ounces of soft water; both by the aid of heat are mixed and filtered, and four ounces more of soft water are poured on the filter till fourteen ounces of hypophosphorous acid solution is obtained.

360 grains of hypophosphite of lime are now added and dissolved in the hypophosphorous acid.

The ferri sulph. ʒiv., phosphate soda ʒvij., each dissolved in three ounces of water, the solutions mixed, and the precipitate poured on to a linen filter on which soft water is gradually poured till the precipitate is tasteless and free from sulphate of potash. This phosphate is added to the hypophosphorous acid solution.

Then, 200 grains of sulphate quinia are dissolved with as little sulphuric acid as possible in an ounce of water, and this, precipitated by aquæ ammon., the precipitate well washed, and then added likewise to the hypophosphorous acid solution. Then six grains of strychnia is also added, and sugar fourteen ounces. A teaspoonful of this in a few drops of good brandy is given as a dose three times a day. This formula I prize so highly as to confidently recommend it in preference to all others, as the best tonic I know of.

Another tonic of great value is as follows,

℞.	Citric acid,	ʒiijss.
	Water,	f.ʒiij.
	Ammon. cit. of iron,	grs. lxxx.
	Quin. sulph.,	grs. lxx.
	Strychnia,	grs. ijss.
	Iod. pott.,	℈iv.

Dissolve the quinia with a few drops of sulph. acid in two ounces of water, and precipitate with aquæ ammon., wash well, and add the iron, strychnia, iod. pott., and quinia, to the acid solution, and when all are dissolved, add Nichols' best glycerine, ʒvjss. Dose f.ʒj three times a day. The excess of acid may be in part neutralized by ammon. carb., if preferred, but caution must be used lest too much alkali is added. This tonic is valuable, and is much relished by children. Children bear *small and broken* doses of alcohol (brandy) remarkably well, and from which they derive great benefit. Its operation is much like that of tea. It is food, and it influences interstitial digestion and nutrition. Doses of from two drops to f.ʒss., according to the age of the child, will often save its life when greatly exhausted. Our great error has been in giving stimulants to children too late and in too large doses. Commence early with very small doses and repeat frequently, but watch the results. I have seen children aroused from coma by four drop doses of brandy repeated every hour. Frictions of cod-oil over the back, loins, inside of the thighs and arms, contribute greatly to increase the strength and energies of very weakened and exhausted children.

[To be continued.]

LIME INHALATIONS IN PSEUDO-MEMBRANOUS CROUP.

By Benjamin B. Wilson,

Late Surgeon and Lieut. Colonel, U. S. V.

Of Philadelphia.

I have recently attended a case of pseudo-membranous croup, in which I prescribed lime water inhalations, and in which the curative effects of this remedy were most marked and decided.

When first called to my patient, a child about two years of age, the disease had existed for more than forty-eight hours; though up to this time, little alarm had been excited in the minds of the parents from the apparent slow progress and insignificant character of the affection. During most of the time, the child had kept upon her feet about the house during the day; and some fever, with difficulty of breathing and an occasional

cough, were the most prominent symptoms aggravated, of course, during the night, but without any distressing spasmodic complications. A more decided exacerbation, however, had preceded my being sent for, and I found her with all the symptoms of the disease fairly and strongly developed. There was high febrile action with very considerable dyspnœa; the voice was almost extinct, a hoarse dry whisper being the only result of any effort to articulate, and there was present the occasional (though not very frequent) loud, barking, ringing cough, characteristic of the disease.

Believing that the time for obtaining any remedial effect from venesection had already passed, the child was immediately placed in a hot mustard bath for twenty minutes, and after being freely and repeatedly vomited and subjected to the action of counter-irritants in the shape of strong turpentine stupes to the neck and breast, the following prescription was ordered to be administered every two hours: of calomel ¼ gr., turpeth mineral, ¼ gr., ipecacuanha ¼ gr., sal ammoniac, one grain. This prescription was given during the entire day and evening, with the effect of keeping up constant nausea and occasional emesis, and a moderate purgation during the latter part of the evening, without however, producing any abatement of the threatening symptoms, which were, in fact, becoming every hour graver in their character, so that the case now assumed a threatening aspect.

In the evening, after a second warm mustard bath, the lime water inhalations were commenced, the other treatment being continued as before. A vapor bath was extemporized by throwing a large blanket over the child's head and shoulders as well as the sofa upon which it reclined and including also within its circumference a pitcher in which a small lump of quick lime was being rapidly slaked by means of boiling water. In this way the air surrounding the child's body, as well as that respired, was highly charged with the vapor of lime water. This process was repeated every hour, and sometimes every half hour, when the breathing seemed more than usually hurried and difficult. The immediate effect of this vapor bath upon the patient seemed to be soothing, the most urgent dyspnœa being relieved, and the little sufferer almost always becoming quieter and falling into a light sleep under its use. The constant repetition of the inhalations, seemed to check the steady progress of the symptoms from bad to worse, and to mitigate in a very considerable degree the most distressing and dangerous one, that of impeded respiration. This treatment, substantially, was kept up during the whole night, the day following, and the succeeding night; there being, it was thought, a constant though gradual, and slow improvement during that time. On the next morning, forty-eight hours after I took charge of the case, and ninety-six from the inception of the disease, the symptoms gave way; the cough suddenly becoming loose and catarrhal in its character, and the breathing free and uninterrupted; the case entering at once upon convalescence. The recovery, under the use of expectorants, was prompt and rapid, and with but a slight trace of the usual bronchial inflammation, which almost invariably is a disorder consequent upon severe cases of croup. The happy result in this case, under circumstances evidently so desperate, could be attributed only to the means employed in addition to the ordinary treatment; for one has only to be familiar with the disease, to know how powerless is the most approved treatment ordinarily, when directed against it.

I have previously used lime-water inhalations in four cases of croup, in which the pseudo-membranous element was supposed to exist to a greater or less degree. They all recovered, and in each of them the remedy was considered to have been not without a beneficial effect, though to what extent was not and could not be determined. Two of these cases were also prescribed for by practitioners among the most eminent in Philadelphia, and were considered by them very serious, not to say hopeless cases. Treatment recognized as most efficient and proper for such cases was unintermittedly kept up, and how much credit, if any, of the cure could be fairly claimed by the inhalations, at the present at least admits of discussion. Sufficient apparent benefit was observed, however, at every trial, to warrant a further perseverance in its use.

The remedy may be administered by slakeing lime in an ordinary inhaler, with a flexible tube and mouth-piece attached, or by a temporary vapor-bath in the manner above described. The latter I prefer for several reasons, which become apparent in practice. The vapor as usually given off is at too high a temperature to be respired, unless diluted with a certain amount of atmospheric air at a lower temperature; and besides, the little sufferer, parched with fever and gasping for breath, is too much worried and frightened, even if naturally manageable, to be induced to breathe systematically and carefully through the mouth-piece of an inhaler. The vapor-bath avoids all this, and can conveniently be applied during the intervals of temporary repose or sleep, and has the additional advantage

of producing a profuse perspiration, which is of itself grateful and relaxing in no inconsiderable degree.

I refrain from theorizing upon the therapeutic action of this remedy, and from guessing how or why it produces its curative effects. A tolerably moist atmosphere is confessedly the proper one for every case of croup, and doubtless the vapor of water alone in a certain proportion in the inspired air, increases the moisture of the respiratory mucous membranes and promotes secretion therefrom. Whether the hydrated lime with which the vapor is highly charged, has a specific action in dissolving, softening or loosening false membrane, or in promoting secretions from the mucous membrane of the larynx or trachea, is yet to be determined.

I, however, respectfully and earnestly call the attention of the profession to this remedy for the following reasons.

That pseudo-membranous croup is a very grave disorder, but little amenable to any treatment hitherto used when fully established; and even when seen and treated at the outset, often setting at defiance the most approved plans of practice which have been recommended up to the present time.

That it can be used in addition to and without interfering with any general treatment which may be judged appropriate in any particular case, and it may, under doubtful circumstances turn the scale in favor of life and recovery.

That it does not seem to be injurious in any respect; so far as used, no unpleasant result seems to have followed it, either immediately or remotely.

It is apparently soothing and most comforting to the patient, relieving the distressing symptoms, giving ease and rest, and disposing the little sufferer to sleep.

I have not thought it worth while to try it in catarrhal or purely spasmodic forms of the disease. These varieties as a rule yield promptly to appropriate active treatment. In no disease probably is the good effects of medication more obviously apparent than in spasmodic croup; where, upon the exhibition of an emetic, the patient passes at once from a state of great seeming danger to one of almost entire relief, comfort, and safety; presenting in this respect the most marked contrast to the pseudo-membranous form of the disease.

Dr. Wm. B. Little, American Consul at Panama, died of yellow fever, January 29th.

Hospital Reports.

Jefferson Medical College,
April 17*th*, 1867.

Surgical Clinic of Prof. Gross.

Reported by Dr. Napheys.

Disease of Bone.

Geo. J. P., æt. 52. He has had some difficulty in his left ankle since 1852, when he sprained it. He has suffered more with it during the last two years, however, than previously.

There is a marked change in the contour of the articulation and foot, in consequence of the great swelling of the ankle-joint and instep. On both sides there are openings denotive of disease of the bone. The patient is emaciated and looks badly. He has lost thirty pounds in two years. Appetite good; bowels regular. His hands and feet are habitually cold. He does not sleep at night, on account of pain in the ankle, which is worse at night than in the daytime. He had syphilis thirty years ago—chancre and bubo. He does not recollect having had any sore throat nor eruption on the skin, and says he has never had any node. It is difficult to say whether there is a syphilitic taint aggravating this affection, or, if there is, to define the amount of its participation in the morbid action. It is not at all improbable that such a taint has materially added to the severity of the case. The pain is more violent at night, which is always noticeable in syphilitic affections.

The probe, introduced at the opening on the outer side, sunk in to the depth of several inches, and grated against diseased bone, as it did also on being passed into the sinus on the inner side. The joint is anchylosed.

This day week chloroform will be administered, these sinuses explored to their very depths, and the diseased bone removed. In the meantime he will be put on a course of treatment to relieve the pain. He was ordered

℞. Potassii iodidi, gr. v.
Syr. ferri iodidi, gtt. xx. 4 t. d.

with milk punch and gentle exercise in the open air.

Cystic Tumor of the Lower Lip.

John S., æt. 34. He has an affection on the right side of the lower lip, which two months ago first attracted attention. On the inner surface of the lower lip, near the commissure, there is a bluish looking tumor. By pressing upon it, very distinct fluctuation can be elicited.

This is a case of cystic tumor of the lower lip, formed evidently by occlusion of one of the mucous follicles, crypts, or glands, which so abound in this situation, causing a retention of the natural secretion, now very greatly altered by its long sojourn in the parts, and followed by hypertrophy of the wall of the crypt or follicle. It is not a new formation at all. It finds its analogue in the sebaceous tumor. It is situated immediately beneath the mucous membrane, has no tendency to malignancy, and is capable of gradually

increasing until it acquires the bulk of an almond or hickory-nut. These tumors repeatedly occur upon the lower and upper lips, sometimes on the inner surface of the cheek.

The best remedy for this tumor is excision. It might be emptied, and the surface of the wall of the crypt which forms the sac or cyst then cauterized, but there would be some risk of its returning if treated in this way. A thread passed through it might effect a cure by producing obliterative inflammation.

The cyst was carefully dissected out. It was found to contain a dark ropy fluid, not unlike that in ranula. The wound was closed with an interrupted suture.

Epithelioma of the Face of Long Duration.

Mr. G. On the left side of the face there is an enormous cavity, involving skin, muscle, cellular and adipose tissues, bloodvessels, nerves, absorbents, cartilage, and bone. The eye is destroyed, and the zygomatic process of the malar and temporal bones exposed. Fifteen years ago the disease made its first appearance in the form of a common boil. Two and a half years ago, when the ulcer was two-thirds of its present size, he went to a quack, a farmer, who applied caustic, causing it to heal for a while. His general health is and has been good in every respect.

This is a case of epithelial cancer, epithelioma, or scirrhus of the skin. It is what used to be called noli me tangere, or erosive or eating cancer—slow in this instance in its progress, frequently very rapid and destructive in its tendencies. This is a remarkable case on account of its long duration. Prof. Gross mentioned one other instance of the tardy growth of this disease, in which it commenced twenty-five years ago in the cheek, gradually extended until at length it laid open the sinus of the superior maxillary bone, destroyed the eye and a large portion of the frontal bone. The individual is still living, and was at one time an eminent member of the medical profession. Such cases are exceptional. As a general rule the progress of the affection is, in a much shorter space of time, to destroy the part and the life of the patient, just as is the case when the disease is situated in the lip or the penis.

The man eats with difficulty. Owing to the extension of the disease to the tempero-maxillary articulation, he is not able to open his mouth to any extent. His mastication is considerably impaired. He has lost flesh. The pain does not interfere with his sleep to any extent. In the morning and evening there is a thin whitish discharge. There are some granulations on the surface of the ulcer, which cannot be said to be healthy. This is true of all the granulations which occur upon malignant sores. There is never any tendency in these cases to cicatrization or to the formation of healthy skin. The empiric to whom he applied put on a caustic which destroyed the part which was diseased, and in this way produced a healthy surface which gradually cicatrized, but at length the disease again appeared and has gone on to the extent now observed. The application of the caustic might have been of temporary benefit, just as the knife or actual cautery is, but such a disease can rarely if ever be cured by any operation whatever, whether performed with the knife, caustic, or actual cautery; the tendency is to the destruction of the part, and ultimately of the life of the individual.

All that can be done in this case is to apply some mild unguent, and there is none, scarcely, better than the ointment of the nitrate of mercury in a very dilute state. This is an excellent application to ordinary as well as specific sores. Another cerate which might be used with advantage is the opiate cerate, which is made of simple cerate with the addition of one-half a drachm of powdered opium to the ounce, and ten, fifteen, or twenty grains of powdered rhubarb. Caution should be used in employing an anodyne, that it be not absorbed and thus poison the system. The sore should be washed several times a day with a weak solution of permanganate of potassa as a detergent and deodorizer. He was ordered twenty-five drops of the tincture of the chloride of iron three times a day, nourishing food, and gentle exercise in the open air.

Remarkable Morbid Growths.

Mrs. Mary F., æt. 37; widow, with three children. The skin above and to the outer side of the right nipple and in the axilla, is the seat of quite a number of excrescences of fiery red, almost scarlet appearance, apparently denuded of natural skin, tuberculated, and imparting to the finger a hard fibroid feel. The mammary gland does not seem to be involved, nor is there apparently any inflammation of the axillary lymphatic ganglions. She became affected in this way at twenty years of age. Now and then she has a good deal of pain, lasting for a few minutes. Very frequently she has none during the entire day.

This is a curious affection. It looks as if it were malignant, but it may be a simple fibroid development. The tumors are hard and firm, but they look as if they were epithelial excresences, growing from the skin. The cutaneous tissues mainly are affected, but it is doubtful whether the lymphatic glands of the axilla may not be involved.

Mr. Broadbent, a surgeon of London, suggested last year as a means of curing all cancerous affections, the use of hypodermic injections of acetic acid, diluted with water in the proportion of one part of the former, to three, four, five, or six of the latter, introduced into the very centre of the morbid mass. This mode of treatment is attracting a good deal of attention. It has been employed in a number of instances in the London hospitals, as well as in private practice, and has found its way into this country. It occurred to Mr. Broadbent that acetic acid was preferable, first, because it does not coagulate albumen; and secondly, because it has been long known that acetic acid, when brought in contact with a cell or nucleus, will have the effect of rendering it more conspicuous, and at the same time produce certain chemical changes. This method of treatment will be tried in this case, as everything is worthy of trial which emanates from men of observation, experience, authority

and respect in the profession. The whole of medical art is one of observation and experience.

Two syringefuls, forty minims each, of dilute acetic acid, one part of the acid to four of water, were buried in the interior of several of the tumors. This injection may have the effect of inflaming these structures. It may excite erysipelas, which has in some instances followed the operation, as reported by observers. If mortification should ensue, and the whole mass slough off, it would be the best thing which could happen.

Fistule of the Anus in an Infant.

Male child, nine months of age. At the age of six months the child had an anal abscess, which opened and discharged matter. There are three openings in the skin communicating with sinuses; two on the left side of the anus, and one on the right.

The probe, on being introduced, showed a complete anal fistule on each side. This is an extraordinary case, on account of the age of the child.

Anal fistule, no matter at what period of life occurring, is invariably preceded by an abscess, which should be laid open at as early a period as possible, in order to avoid this occurrence. If the abscess be opened properly and early, the matter will be prevented from burrowing along the side of the bowel, so as to produce ultimately a fistule.

The fistule on the left side was divided, the other being allowed to remain for the present. The probability is, the sphincter of the anus being thus placed in a state of repose, the left fistule will heal up. If it should not do so, it will be operated upon at a future time.

Convergent Strabismus.

Young man, seventeen years of age. Both eyes are turned in, by the shortening of the internal straight muscles, but the right not to the same extent as the left. He sees better with his right than with his left eye. In this affection the patient has always one good eye, vision being impaired in the bad eye by want of use.

The left eye was operated upon by making a horizontal incision along the lower margin of the internal straight muscle with a pair of scissors, and then lifting up the muscle and dividing it subcutaneously, as it were. Only one eye was operated upon, for fear of producing the divergent form of the affection, which sometimes occurs.

He was ordered to wash the eye freely in cold water, to take to-morrow a dose of magnesia or salts, and to live upon a light diet, eating no meat. He should not attempt to use the eye for for any minute purposes of vision, for the next three or four weeks.

Amputation at the Shoulder.

Mrs. F., æt. forty-three. Two years ago she fell on the curbstone, injuring the left elbow joint, which is now anchylosed. There are a number of openings communicating with the articulation, which have discharged a great deal. The part is very painful. The joint has been stiff ever since the accident. Her general health is not good. She is suffering from the remains of diarrhœa. Spiculæ of bone have been discharged from time to time, from the openings about the joint, and the pain has been excessive.

This is a fair case for amputation of the arm. If the woman's health were better, an attempt might be made to save the limb.

The woman was placed under the influence of chloroform, having first taken several ounces of whisky. The brachial artery was compressed by the finger, and amputation of the arm performed, when it was found that the humerus was diseased. Amputation was then performed higher up with a like result, when the arm was removed at the shoulder-joint, the circulation being controlled by digital compression of the subclavian artery.

The humerus was diseased to the very head, the whole bone being brittle, like a shell—a case of osteo-myelitis.

Pennlylvania Hospital,
February 16th, 1867.

Surgical Clinic of Dr. Agnew.

Reported by Dr. Napheys.

Result of Lithotomy Case.

Fragments of the calculus removed at the last clinic (vide p. 254,) were exhibited. The weight was 342 grains. A section of the central part shows the nucleus and also some very fine lamellæ concentrically arranged. The calculus is mainly uric acid, with a large amount of the phosphates distributed in layers, and a little oxalate of lime interspersed irregularly through it. This composition corresponds with what is observed in many stones; they do not consist of any single constituent, but of different salts combined in one concretion.

The boy has done very well since the operation, excepting a tendency to the accumulation of flatus, not so much of which is evident this morning as there was yesterday. He suffers no abdominal tenderness. His skin is in good condition; he has no fever, and takes his nourishment and some stimulants. The urine is perfectly clear and runs freely from the wound. A case of stone is never to be regarded as out of danger, until at least from eight to twelve days have elapsed after the operation, but, if after the first five or six days, the patient exhibits no unpleasant symptom, he will ordinarily recover. This boy is feeble, he suffered very much from the irritation of the stone, which broke down his health very considerably.

Fracture of the Humerus.

This man, aged 24 years, met with an accident last Tuesday by getting entangled between two freight cars. On taking hold of the elbow, and of the arm a little above, distinct crepitus can be elicited. There is an oblique fracture about two and a half inches above the condyles.

Fractures of the humerus at any point between

the surgical neck and condyles, are among the easiest accidents of this kind to treat. They require but very little treatment, and there is scarcely any excuse for resulting deformity in the shaft of the humerus. There is not usually much shortening. Where there is, it is produced by the contraction of the triceps muscles. Anteriorly, the biceps is capable also, of causing shortening.

The apparatus required will be first a roller, which, at the outset, ought to be placed around the fingers, hand, and arm, in the form of the ordinary spiral reverse. If there is much discoloration and swelling, a lotion of acetate of lead and opium may be applied. The roller should not be neglected, as the bloodvessels require the support it affords, and the muscles are kept under proper control. Then an internal angular splint is wanted, to extend from the axilla to the extremities of the fingers, and a little beyond, so that the hand may rest entirely upon it. The anterior, posterior, and outer portions of the arm, may be controlled by three splints.

Better than this, is binder's board, which can be cut and softened by dipping in hot water and modeled so as to fit the three portions of the arm, and fulfil by a single concave splint all the indications subserved by the three just named.

In this patient the fracture is a very simple one, there being little contusion, and no tendency to displacement. Some caution is always to be observed in protecting the internal condyle, either by making a little opening through the angular splint, or by inserting some cotton. Wherever the splint comes in contact with the soft parts, it is always well to interpose cotton to prevent excoriation.

The sling should be placed at the hand not extending far back, in order to allow the arm to act as an extending force to preserve the proper length of the limb.

The dressing ought to be renewed in twenty-four hours, after which, every other day until the expiration of a week and a half, when every third or fourth day will be often enough to replace it.

Necrosis of Femur.

This little boy, 10 years of age, has been suffering for five years from an affection of the thigh bone. He was once introduced before the class by Dr. Hunt, and an operation performed for the removal of a portion of the dead bone, but there still seems to be a considerable amount remaining.

There is a sinus or the remains of one on the inner part of the thigh, and a depressed condition of the skin, which is characteristic of preëxisting necrosis, the subcutaneous part being bound down to the periosteum.

It is apt to be said when a boy has an affection of a bone, that there must be some constitutional trouble, some vice which involves his general condition, and the probability is, that many errors are committed in this way. It does not follow necessarily, that such an affection is an indication of some previous change in his constitution. The bones are influenced by the same laws of nutrition as every other part of the body. When diseased action takes place in the skin, tendons, etc., it is not always said that it depends upon a diathesis. Disease of the bones often occurs without any involvement of the constitution. Violent muscular action is sufficient to produce it by tearing off the periosteum, or disarranging the connection of its bloodvessels, so as to produce inflammation. Cold or rheumatism may occasion it. Of course, there are general conditions which excite inflammation of the bones, as the syphilitic, carcinomatous, or strumous diathesis.

This boy seems to be in good health, his nutrition is good, and he has none of the characteristics of a strumous or scrofulous cachexia.

Bone may become affected in different parts of its structure. The superficial or the central portion of the bone may be diseased, or the entire body of the bone involved. When only the external or peripheral parts of the bone are affected, the inflammation will, after a certain time, throw off the plates or scales, called external exfoliation. Internal exfoliation, is necrosis of the inmost laminæ of the bone. When the bone in the interior is involved, the dead portion will eventually be separated and lie in the centre of the shaft imprisoned, and when in that condition, is called a sequestrum. Nature is equal to the task of removing that sequestrum by ulceration taking place through the bone, but, while it is always well to wait until the separation is well affected, it is not desirable to delay until openings have formed through the bone of sufficient size for the removal of the dead portion. The openings should be at once enlarged and the necrosed portions removed, because, when once separated, they can only act prejudicially to the health.

It was disease of the bone of this kind, which, in part, led to the extended experiments of Du Hammill as to the development of bone. While engaged in the study of the structure of vegetables, he noticed that bone was always detached in the shape of laminæ or scales, and he thought that the periosteum played the same part to the bone as he conceived the bark did to the woody fibre. For a long time this view was subjected to investigation and criticism. Now we have come back to the belief, that bone grows by deposit from the periosteum; hence, in modern surgery, great importance is attached to the preservation of the periosteum to secure reproduction of the bone again.

The boy was placed under the influence of ether, and the finger, which is the best probe, introduced into the sinuses on the surface which lead down to the openings or cloacæ, in the new bone, to ascertain the extent and locality of the separation. The wound of the former incision on the outer side of the thigh, was enlarged, and by means of the forceps, a very large mass of dead bone removed in three pieces. The wound will heal by granulations from the bottom. A little lint was introduced to act as a drain to remove all accumulation. The parts will be dressed with tepid water. The hæmorrhage is not likely to be of much consequence. It bleeds freely for a while, as bone will everywhere, but it soon stops.

Editorial Department.

Periscope.

AN ARTIFICIAL VAGINA.

Dr. Wm. H. Hingston, Surgeon to the St. Patrick's Department of the Hotel Dieu at Montreal, reports the following singular case in the *Canada Medical Journal:*

In the summer of 1859, writes Dr. Hingston, I was asked to see Miss ——, of this city, aged twenty-three, who, I was informed, had never menstruated, and who had suffered greatly in consequence. Miss —— was a stout, red-faced girl, with bloated, swollen face, and presented an appearance of general plethora. She told me her sufferings were almost incessant, but were more severe for a few days in each month; and this condition of things had continued from the age of fourteen, with gradually increasing severity. Her days were passed in pain, and her nights in troubled and disordered sleep, in feverish dreams or wakefulness. Several years before, she had, by the advice of her physician, commenced taking morphia, which she had rapidly increased in quantity, without being rendered oblivious to her sufferings; and the sleep, into which she would sometimes fall, was so labored, and her breathing so stertorous, as frequently to oblige her parents to arouse her. Several physicians had been consulted during the long course of her sufferings, and as my patient had retained a list of the medicines employed by each, it presented a most formidable array of emmenagogues, cathartics, sudorifics, and stimulants. As the potent armamenta of the materia medica had already been pretty fairly exhausted, I proposed a tactual examination. To this, however, there were objections, until the very intelligent midwife who had been instrumental in having me consulted (and who, at my request, made an examination) had informed the patient she was unlike the rest of womankind. On inspection, the mons veneris was very scantily supplied with its usual covering, and the cushion of adipose tissue over the symphysis pubis was neither thick nor firm. The meatus urinarius existed at its normal site, and a little below there was a slight depression marking the place of the vagina. But there was no preputium clitoridis—no clitoris—no labia or nymphæ—no vestibule. An examination, per rectum, established the existence of an uterus, but, with the catheter at the same time in the urethra, no interposed vagina could be felt. I at once proposed to remedy, surgically, this anomalous state of things, hoping a division of the skin—which seemed to be thin—would lead to something like a vagina. Consent having been obtained, I made the first incision on the 23d of June, 1859, from within three lines of the meatus to within the same distance of the rectum.

Here and there, in the line of the incision, I met with condensed areolar tissue, but no vestige of a vagina. I now made up my mind that there existed no natural passage, and that it was necessary to hew one out of the soft tissues. A day was named for the purpose, and in the meantime a large fine Turkey sponge was immersed in a thick solution of gum acacia, and submited to enormous pressure for a few days, by which it was reduced to the thickness and hardness of sole leather.

On the 27th June the patient was placed under the influence of chloroform, and an incision, the length of the first, was made in the mesian line; a three valved speculum was introduced, and through it several narrow strips of hardened sponge. The hemorrhage during the operation was somewhat alarming; but, after my departure, the quantity of blood lost was so great as to soak through the bed, run in a stream upon the floor, and induce frequent syncope. When hastily summoned to the bedside, I removed the thickly swollen slices of sponge by strings, which had, previous to their introduction, been attached to each piece; and employed astringent injections. The hemorrhage gradually ceased; not however, till I had time to reflect that Simpson's fate—under somewhat similar circumstances—was to be mine, with a *renommée*, however, less able to bear a shock which had almost unseated the advocate of hysterotomy. Two days after the removal of the sponge, I reintroduced fresh pieces through the speculum—the patient being under the influence of chloroform—and repeated this proceeding, without chloroform, every second day for a fortnight, when, by coaxing and urging, I induced the patient to submit to the knife again, assuring her friends and herself that the hemorrhage on this occasion would be inconsiderable, as I could feel the uterus at a short distance from the wound already made.

On the 15th of July, another and a deeper incision was directed upward and backward, and still in the mesian line, when the os uteri was reached—full, thick-lipped, and pouting. No discharge or secretion of any kind escaped, though an elastic bougie was made to enter the interior cavity to the usual depth. I now had a vagina formed, suited to any purpose, and the compressed sponge still increased its capacity. The sponge was removed, and fresh pieces introduced every second day for several weeks, when the speculum, covered with lint, was substituted—introduced in the ordinary way, and the handles secured together. A fortnight after the last operation a very moderate secretion took place, which increased at the succeeding menstrual periods, with complete relief to all those distressing symptoms for the relief of which she had consulted me. The morphia was laid aside, and sleep without it, was sound and refreshing; and the patient, from a bloated, swollen, and apoplectic-looking object, became as slender and as genteel as she could have desired. The dilating process was continued for several months.

Some time ago I was asked my opinion concerning her marriage (then on the *tapis*), and, after an examination, unhesitatingly counselled it. (The smooth walls of the artificial vagina were now lubricated with a secretion,

and the organ was of the ordinary capacity.) The marriage took place, and the lucky possessor of the slim *unweibliche fraulein* is still, so far as I am aware, ignorant of the circumstance that the knife had carved for him a path to enjoyment. And now I have to mention what to me appears the most remarkable circumstance in the case. Previous to the operation there was no sexual desire, but when menstruation had been fairly established there was a difference in that respect; and after marriage, gratification had increased with sexual indulgence. The patient has not become pregnant.

Treatment of Cancer by the Injection of Acetic Acid.

The London correspondent of the *Southern Journal of Medical Sciences* says:

The novelty of the past two months, is the injection of acetic acid into the substance of cancers, in order to secure their removal by absorption. The plan is brought forward by Dr. Broadbent, a physician who is thought highly of in London. It suggested itself to his mind in consequence of the known solvent powers of this acid upon cancer cells as seen under the microscope. Dr. Broadbent recommends that about forty drops of a mixture of one part of acetic acid with five or six parts of distilled water, should be injected into the cancer; the point of the syringe being thrust (subcutaneously) into different parts of its substance during the operation, so that the agent is well disseminated through it. The injection is repeated at intervals, varying from five to ten days or longer, according to its effects. The method is now being extensively tried, and many cases are reported in which large cancers have been completely and almost painlessly removed. Its true value, however, can by no means be pronounced upon at present.

Termination of Motor Nerves in the Muscles.

The views of Dr. Beale, relative to the mode of termination of the nerves in the muscular tissue have been pretty generally accepted in this country. Most British microscopists hold with the King's College Professor in believing that the nerves have no decided termination in the muscles, but that their ultimate fibres unite in forming a network of extreme delicacy. Abroad, however, this view has met with some opposition, and especially from MM. Kuhne and Rouget, the latter of whom has just presented a memoir to the Academy of Sciences upon the above subject. M. Rouget states that the nerve-fibre ends in a sort of a terminal plate or disk; and in answer to Dr. Beale's denial of such a mode of termination, he writes: "I shall only reply, that all other observers who have devoted themselves to this subject, MM. Krause, Kühne, Waldeyer, Engelmann, and Letzerich, and still more recently, MM. Conheim, and Vulpian, have all admitted the existence of the terminal plate, and its entire independence of any nervous network." M. Rouget laid before the members of the Academy some photographs of microscopic preparations of tissue, which he said demonstrated the following conclusions: (1) The terminal division of the axis cylinder of the motor nerve-fibre constitutes by anastomosis and fusion a terminal expansion of finely granular substance, identical with that of the terminal filaments of the corpuscles of Pacini, of the ultimate nervous lamina of electric plates of fishes, etc., and in immediate contact with the contractile substance of the primitive bundle. (2) This nervous expansion is traversed in every direction by minute canals, establishing a connection between the numerous nuclei of the plate, and communicating probably, on the one hand, with the space intermediate between the sarcolemma and the contractile filbrillæ, and on the other hand, with the interstice between the matrix of the nervous tube and the medullary layer —an arrangement which is doubtless related to the special action of certain poisonous substances upon the terminal extremity of the motor nerves of animal life. M. Rouget's paper will be found in the *Comtes Rendus*, June 25th.—*Lancet, and Detroit Review.*

Reviews and Book Notices.

On the Action of Medicines in the System. By Frederick William Headland, M.D., B.A., F.L.S., Fellow of the Royal College of Physicians, etc., etc. Fifth American from the Fourth London Edition, revised and enlarged. Philadelphia: Lindsay & Blakiston, 1867.

In this last issue of a well known treatise, we find a great deal that is interesting, a few things that are new, and some that are practically valuable; much that is ingenious, and a very great deal that is uncertain. Were a medical student to make this his first reading-book upon therapeutics, he would, if of easy faith, be delighted; if of an exact turn of mind, disappointed almost to disgust. Let us acknowledge, however, that the fault belongs not with Dr. Headland, but with the actual state of his science; which wants *positiveness* to a great degree. Yet, regarded from the stand-point of the medical inquiry of to-day, the work before us cannot be regarded as a complete treatise. The "action of medicines in the System," as now employed by the practitioner, ought to include not only stomachic medication, but also that by the hypodermic method, and by inhalation. Neither of these are alluded to by Dr. Headland, except the inhalation of chloroform and some other anæsthetics.

Present opinions of a writer of so extended a reputation are important enough for brief notice. Dr. Headland adheres to the view that nearly all the action of medicines take place in and through the blood, and that we risk the least in accounting for their *modus operandi*, when we use the expression "various counteractions." He objects still, with a number of cogent facts and argu-

ments, to the generally favored theory of Poiseuille, that *endosmose* determines, mainly by the density of the liquid, whether a dissolved saline medicine shall act as a diuretic or as a cathartic. Experiments of Dr. Headland's own, as well as those of Mialhe, Bérard, Bidder, Schmidt, and Donders, disprove the assertion of Œsterler, that particles of finely divided charcoal find their way from the alimentary canal into the blood. He therefore insists absolutely that no insoluble body is ever absorbed.

An important principle is asserted which bears upon the whole of the Materia Medica, viz., that, for medical use, we must ascertain the effects of medicines upon the body and organs in *certain states of disease*, quite apart from their *physiological* effects during health. The two things are often confounded to a disadvantage. That a certain agent produces certain actions upon a healthy body, of a man or an animal, makes it only *probable* that something like the same effects will follow its administration during sickness. Only the actual experiment will show exactly its therapeutic action.

The theory of diabetes held by Dr. Headland is, that the sugar in the urine comes from its accumulation in the blood in consequence of an arrest in its normal conversion into lactic acid by the changes connected with respiration. He has a very pretty theory (pp. 218, 219), in the formulæ, to explain the chemical deviations which occur in blood-changes in diabetes, oxaluria, rheumatism, gout, and lithiasis. That which refers to gout is almost the reverse of that of Mialhe, which, if we are not mistaken, has been sustained by Liebig, turning upon the point made by the French chemist, that urea is more highly oxidized than uric acid.

Dr. Headland explains the known utility of nitric and hydrochloric acids in low fevers, by asserting that in such diseases there is an excess of alkali in the blood. Citric acid he avers to have succeeded, and potassa to have failed, in the prevention and cure of scurvy. Lactic acid is recommended in dyspepsia, to supply the want of it in the gastric juice. The prepared *pepsine* sold in London, even that of Boudault, has been found by Pavy to be nearly all inert.

A natural self-gratulation is expressed by our author at the confirmation of his theory of the *hæmatic* action of quinine in the cure of ague, etc., by the discovery of Du Pré and Bence Jones, that quinine, or its near analogue, exists naturally in the blood.

Antimony and mercury are, in this work, still declared to be the agents which tend most powerfully to check the general blood-process of inflammation (p. 201). In primary syphilis, early venereal eruptions, and syphilitic iritis, mercury is said, by Dr. Headland, to be the "single and best remedy." Sarsaparilla is, as we believe it well may be, put down as a "very doubtful member of the order" of anti-syphilitic medicines.

"Anti-convulsives" are made yet to include nitrate of silver, for the treatment of epilepsy, and to omit bromide of potassium. We should have supposed the former to have been sufficiently tried and found wanting, and the latter to be awaiting a full experimentation, encouraging already in many instances. Bromide of potassium is mentioned in another connection (p. 283) as a nervous sedative and anaphrodisiac.

As an instance of the diversity of the ideas which govern the classification of medicines, it may be noticed that Dr. Headland does not mention alcohol in the order of stimulants; although that order is made to contain some fifty other substances. Alcohol is, with him, an "inebriant narcotic."

Snow's theory, (that of the distinguished English physician, lately deceased) attempting to explain narcotism and anæsthesia by deoxidation of the blood, is ably refuted by our author. No mention, however, occurs of nitrous oxide. As this agent contains so much more oxidation than air, and supports ordinary combustion more actively, it is hard to imagine how the defenders of Snow's theory (Anstie, Mialhe, Richardson, and others,) can possibly ascribe to it this "disoxygenating" power in producing anæsthesia.

The closing chapter of Dr. Headland's book, is occupied with an analysis of the action of some of the more important medicines in particular; as *cod-liver oil*, *sulphuric acid*, *potash*, *quinine*, *iron*, *antimony*, *mercury*, *iodine*, *colchicum*, *arsenic*, *ammonia*, *strychnia*, *alcohol*, *chloroform*, *opium*, *hydrocyanic acid*, *aconite*, *digitalis*, *tannic acid*, and *sulphate of magnesia*. Although not free from doubtful statements and hypotheses, this chapter is as interesting and valuable as any part of the book.

—— When M. Sée, a newly-appointed professor at the Paris School of Medicine, made his first appearance in the lecture-room he was hissed and hooted by the students because he had not passed through all the usual preparatory stages. The storm was allayed after a time by speeches from two of the students, one of whom, Levrand, was recently sentenced to six months' imprisonment as a member of a suspected secret society, and the other, Jaclard, was expelled last year from the Faculty of Medicine for having attended the Liege Congress.

Medical and Surgical Reporter.

PHILADELPHIA, APRIL 27, 1867.

S. W. BUTLER, M. D., *Editor and Proprietor.*

THE INTERNATIONAL MEDICAL CONGRESS AT PARIS.

The International Medical Congress will be opened at Paris on the 16th of August next. The Central Committee earnestly desire an active participation in the Congress on the part of Medical Societies from all parts of the world, by sending delegates to represent them.

By the third article of the Statutes, foreign delegates are admitted without any pecuniary consideration.

The undersigned having been appointed a Corresponding Delegate by the Central Committee at Paris, would urge upon Medical Societies the propriety of appointing delegates to the Congress as speedily as practicable, and reporting them to him, that he may forward them as early as possible to the Central Committee.

S. W. Butler, M.D.,
Philadelphia, Pa.,
Corresponding Delegate.

☞ Medical Journals please copy.

A CHECK UPON CRIMINAL ABORTION.

We see daylight on the subject of criminal abortion. An example is set of legislating against the evil, which we trust will soon be followed by other States. It begins in the smallest State of the Union, but that is because it happens to have an efficient sanitary police, which is equivalent to saying, that her medical men exert their proper influence in the State. There is no State in the Union where the medical profession exert as much influence as they do in Rhode Island, and none whose sanitary interests and vital statistics are so well looked after. Let the profession of other States take example from that of Rhode Island, and exert their proper influence in these respects, and let their first efforts be to put a check upon the growing evil of criminal abortion.

The following act was passed at the January session, 1867, of the General Assembly of Rhode Island:

An Act in addition to and in amendment of chapter 216 of the revised statutes "of offences against chastity, morality, and decency,"

It is enacted by the General Assembly as follows:

Sec. 1. Every person who shall be convicted of wilfully administering to any pregnant woman, or to any woman supposed by such person to be pregnant, or of advising or prescribing for such woman, or causing to be taken by her anything whatever, or shall employ any means whatever, with intent thereby to procure the miscarriage of such woman, or of aiding and assisting therein, or by counselling and procuring the same, unless the same is necessary to preserve her life, shall, if the woman die in consequence thereof, be imprisoned not exceeding twenty years nor less than five years; and if she do not die in consequence thereof, shall be imprisoned not exceeding seven years nor less than one year: *Provided*, that the woman whose miscarriage shall have been caused or attempted, shall not be liable to the penalties prescribed by this section.

Sec. 2. Any person who shall be indicted for the murder of any infant child, or of any pregnant woman, or of any woman supposed by such person to be or to have been pregnant, may also be charged in the same indictment with any or all the offences mentioned in the preceding section, and if upon the trial the jury shall acquit such person on the charge of murder, and find him guilty of the other offences or either of them, judgment and sentence may be awarded against him accordingly.

Sec. 3. Whoever knowingly advertises, prints, publishes, distributes, or circulates, or knowingly causes to be advertised, printed, published, distributed, or circulated, any pamphlet, printed paper, book, newspaper notice, advertisement, or reference, containing words or language giving any notice, hint, or reference to any person, or to the name of any person, real or fictitious, from whom, or to any place, house, shop, or office, where anything whatever, or any instrument or means whatever or any advice, direction, information, or knowledge may be obtained for the purpose of causing or procuring the miscarriage of any pregnant woman, shall be imprisoned not exceeding three years.

Sec. 4. All acts and parts of acts inconsistent herewith, are hereby repealed; *provided, however*, that nothing in this act contained shall in anywise affect any complaint or indictment now pending, or that may hereafter be made or found for any offence committed before the passage of this act, against the provisions, or any of them, of an act in addition to chapter 212, title XXX, of the revised statutes "of offences against the person" passed at the January session, 1861.

Sec. 5. This act shall take effect on and after its passage.

A true copy: Attest,

John R. Bartlett,
Secretary of State.

SANITARY MEASURES IN THE ARMY.

The Surgeon-General has wisely issued a circular of instructions to the medical officers of the army, which, for preventing an invasion of cholera at the military posts, and checking it if it should from any cause arise, is worth whole tomes of essays and speculations on the communicability, portability, or contagion of the disease. Like all orders emanating from the military department of the government, it is practical and to the point, and its influence will tend to prevent the spread of cholera to the military posts, or confine it within narrow boundaries if it should appear.

Let the same measures be adopted by civil sanitary officers, and our record of the ravages of this terrible scourge will be a brief one.

The following is general Barnes' circular:

War Department, Surgeon-General's Office,
Washington, D. C., April 20, 1867.

In view of the possible prevalence of cholera during the approaching Summer, the following instructions are promulgated: Every endeavor will be made by medical officers to prevent the introduction of cholera from infected

commands, or its conveyance from point to point, by a "quarantine of observation" upon all detachments of recruits or troops arriving or departing from depots, posts, or recruiting stations at or near which this disease prevails. Prompt reports of its appearance in commands, either en route or in garrison, and isolation of all cases, so far as practicable. In addition to the strictest hygienic police enforcement of personal cleanliness and thorough disinfection, attention should be paid to the quality of the water used for drinking and cooking purposes. When pure rain water cannot be procured in sufficient quantities, and the spring or river water contains organic impurities, it should be purified by distillation or the noxious matter precipitated by permanganate of potash, from half a grain to one grain of the crystallized permanganate, or its equivalent in solution, added to one gallon of water, should produce a decided pinkish hue, which disappears within 24 hours, if the salt has not been used in excess. The water should then be drawn off and is ready for use. Turbid water, such as that of the Rio Grande, Lower Mississippi and its tributaries, should be filtered and allowed to settle before using. The deposit of impurities can be hastened by the addition of powdered alum in small quantities, well diffused by stirring. It is always, but more especially in times of threatened danger of pestilence, the duty and privilege of medical officers to submit the practical suggestions of experience and professional knoweldge for the protection of the health of troops to their commanding officers, and the history of the epidemic of cholera in 1866, shows that only by combined and untiring vigilance, energetic action and rigid enforcement of hygienic measures within the reach of every commander, can we hope to avoid, keep in check, or eradicate this disease. Beside the usual reports of sick and wounded, every medical officer in charge of cholera cases will forward to the Surgeon-General's Office, at the close of each month, a list of cholera patients, in the following form. [Here follows the form]. Successful methods of treatment and the results of autopsies will also be communicated. The senior medical officer at every post at which cholera appears, will make a special report to the Surgeon-General, setting forth any facts he may be able to ascertain as to the introduction of the disease, and especially those bearing upon its importation from infected points by recruits or others, or its apparently spontaneous origin at the post.

J. K. Barnes, Surgeon-General, U. S. A.

THE FEMALE MEDICAL COLLEGE OF PENNSYLVANIA.

It is stated, upon reliable authority, that one of the Faculty of the Female Medical College to whom reference was made, in connection with non-professional practices, in the recent discussions in the Philadelphia County Medical Society, has resigned his position in the college and that his resignation has been accepted. This prompt action of the Board of Corporators shows a determination on their part to free the institution from any association which would not be considered perfectly unobjectionable in any of the regular colleges of the country—and will encourage the alumni of the school to continue in maintaining (as the great majority of them have ever done) a high-toned professional conduct and a strong regard for and strict observance of the Code of Ethics as adopted for the government of the conduct of male physicians.

In this respect, the recent animated and excited discussions in the county society will not be without its good effect, as well upon the profession as upon the College itself, and should perhaps be a matter of congratulation rather than to be deplored, inasmuch as it has already roused the college to a more careful scanning into the character and standing of its faculty, and will doubtless in the future lead to the adoption of a still higher standard of excellence and acquirements, both from teachers and from pupils.

The opponents of female practitioners must then base their objections on the ground of sex alone. And though some, from interested motives in the form of successful competition, or from an illiberal spirit, from which we are sorry to say that even physicians are not always free, may still oppose them, there is yet a very respectable portion of the profession, both in numbers and influence, who will extend to them the right hand of fellowship and will welcome them to the duties and responsibilities of the practice of medicine in a spirit worthy of the holy character of the work.

The aim of the friends of the college is and always has been to make it regular in every respect, as well in its teaching as in the professional conduct of its faculty and graduates. The corporators state, and doubtless truthfully, that they were not aware of the irregularities in the conduct of the professor alluded to, and are grieved to find that such is the fact—and they take the first opportunity to announce that the connection no longer exists.

It should not be forgotten in this connection, that in filling the chairs, the corporators have not generally had the opportunity of selecting such persons as they could desire, but have frequently been obliged to accept such as would labor for them. Professional opinion has unfortunately, during the entire existence of of the female college, run in so strong a current against the movement, that but few qualified and capable physicians have been found bold enough to defy it by accepting such positions. This is only one of the many difficulties that the institution has labored under and still labors under, and which have to a degree impaired its usefulness and cramped the best efforts of its friends.

It is hoped that those who believe in the capacity of females to become physicians will see in this movement of the corporators an earnest desire on their part to place the college ethically

right before the profession. Women-physicians ask no privileges that are not accorded to male members of the profession, but they claim the same rights; they are willing to be measured by the same standard and to be governed by the same rules. They have proved their fitness to undertake the varied and onerous duties of the practice of medicine, and no reflecting man can fail to realize that there is an urgent demand for their services, especially in all large cities. The time perhaps is not far distant when, in the language of a sensible and distinguished physician of this city, "*Nothing*" will "*be thrown in the way of furnishing the means for a good professional education to all women who seek to enter upon the career of a practitioner of medicine.*"

Notes and Comments.

Retaining Fees.

We understand that a certain well known quack has recently entered into contracts with several newspapers of this city and New York for advertising, to the amount of two hundred thousand dollars. Included in the contract, though it may not be stipulated in words, is any amount of editorial puffs of the medicines advertised, with abuse, actual and implied, of medical men who do not thus subsidize the press. Inuendoes, anecdotes bearing hard upon regular practitioners of medicine, and even open attacks upon medical men, "may be looked for about this time," as the almanacs say. These twenty-five thousand dollar retainers have a powerful influence on the press, deny it as they may.

Medical Register of the District of Columbia.

We have received from the author, Dr. J. M. Toner, of Washington, D. C., a copy of the *Medical Register* of the District of Columbia, for 1867. It comprises a great deal of very interesting and useful information for medical men, not only of the District of Columbia, but of all sections of the country. Besides an account of medical and other institutions of the District, and the names of regular practitioners there, it contains an account of the organization of the American Medical Association, of the army and navy, a description of the Army Medical Museum, and of various national and municipal institutions of the city. There is also compiled from the report of the Provost Marshal General's office by Surgeon J. H. Baxter, U. S. Vols., an account of the relative frequency of particular diseases in the different sections of the United States. This is a very useful little manual, not only to physicians of the District, but to the profession generally.

The American Naturalist.

We have received the March and April numbers of the *American Naturalist, a Popular Illustrated Magazine of Natural History*. This is a very important addition to our periodical literature, and will be welcomed by many of our readers. It is published by the Essex Institute at Salem, Mass., and edited by Alpheus S. Packard, Jr., M. D., in connection with Edward S. Morse, Alpheus Hyatt, and Frederick W. Putnam. It is well edited, beautifully printed, and fully illustrated. All who are themselves interested in the study of natural history, or who desire to encourage it in their families, should sustain this publication. The subscription price is $3 a year.

Fougera's Cod-liver Oil.

We have given this preparation of cod-liver oil a trial in several cases, and it appears to give satisfaction. It seems to be carefully prepared, is nicely put up, and has all the characteristics of a good cod-liver oil, and is less offensive to the stomach, than some of the preparations of this popular and useful remedy. A peculiarity of this oil is the additional proportion of iodine and bromine that is combined with it, rendering it stronger in those important elements, than the ordinary forms of the oil found in the market.

Resignation of Dr. Kerr.

Dr. Kerr, whose name was mentioned in a late discussion in the Philadelphia County Medical Society, in connection with an objectionable circular, is no longer connected with the Female Medical College of Pennsylvania.

Code of Ethics of the American Medical Association.

William Wood & Co., of New York, have issued the Code of Ethics of the American Medical Association in a very neat, attractive form.

Cod-Liver Oil Dragées.

We have received from the agents, Ward, Close & Co., of New York, a box of Guffroy's Cod-liver oil dragées, which, it is claimed, are composed of an extract of that article, two-hundred and fifty dragées representing fully, six and a quarter pints of cod-liver oil. These dragées are very neatly gotten up, being sugar-coated, and, if what they are represented to be, are certainly preferable to the crude oil—for swallowing.

The Late Prof. Silliman.

That excellent monthly—*Hours at Home*—which begins its fifth volume with the May number, contains in that number a very interesting and appreciative article, By Rev. Dr. Ray Palmer, on the life and character of the late Prof. Benjamin Silliman.

Correspondence.

DOMESTIC.

A Singular Case of Partial Paralysis.

Editor Medical and Surgical Reporter:

A brief synopsis of a singular case of partial paralysis, still under observation, may be of interest; and the more so, if the result should enable me to determine the nature of the lesion.

W. K., æt. 22; native of Prussia; recruit. Heavy, well built man; lymphatic, slightly anæmic, functions normal; general condition fair.

March 15, 1866. Admitted as with "amaurosis." Represents himself to have been perfectly well till within a few weeks. No subjective symptom but that of rapidly failing vision. Pupils much dilated, irides immobile, corneæ clear; no injection of conjunctiva or sclerotic, no iritis, no opacity of lens or capsule.

April 9th. Vision has failed rapidly. Can distinguish nothing with right eye. Apparent condition of the eyes unchanged. Ophthalmoscope reveals no abnormal appearance of retinæ.

April 19th. No distinct vision, but slight sensitiveness to light. No change in condition, except tendency to constipation.

May 5th. Has severe headache; pain diffused and persistent.

July 1st. Is totally blind. Has severe headaches, occuring at short intervals. Relieved by purgation and blisters to nucha.

Oct. 8th. There has been no marked change in symptoms. Headaches have been frequent and severe, but of short duration. Appetite has continued good. Has taken exercise when not suffering from pain in the head. No return of sensitiveness to light. Condition of eyes unchanged. To-day complains of numbness, affecting and confined to left side of head and face.

Oct. 10th. Mouth very sore; aphthous ulcerations.

Oct. 12th. Pain severe on left side of head; partial loss of sensibility: mouth, and tongue when protruded, drawn to left side.

Oct. 25th. Has had severe pain at intervals; distention of features much less marked.

Oct. 28th. Had a covulsion yesterday; remained unconscious about fifteen minutes. This attack was preceded by a transitory return of sensitiveness to light. Pain in head very severe. Extremities very cold during the attack.

Nov. 23d. Has had very severe pain at intervals. Paralytic symptoms have gradually diminished. Remaining distortion of mouth and tongue very slight. No change in eyes; no return of perception of light. Was losing strength, but condition has improved under more generous diet and gentle stimulation. To-day he complains that the *sense of taste* is very defective.

Nov. 29th. Remains in much the same condition; smell and taste are very much impaired. Has been thoroughly and variously tested, to establish the fact.

Dec. 10th. Recurrence of severe cephalic pain, with vomiting. Great depression of spirits; general temperature much reduced.

Dec. 11th. Had convulsions last night, of but very short duration. Is free from pain. Paralytic symptoms unchanged.

Dec. 14th. Complains of some pain and heaviness in the left upper eyelid. In other respects much the same.

Dec. 15th. Sense of taste improved.

Jan. 1, 1867. Sense of taste much improved. Has had severe pain at times, vomiting, etc. General condition better. No distortion of mouth or tongue.

Jan. 23d. No change worthy of note up to date. There is to-day complete loss of sensibility in entire left side of head and face.

Jan. 25th. Partial return of sensibility in left side of head and face.

Feb. 27th. Has remained in much the same condition; on the whole rather improving till yesterday, when he had another convulsion.

Up to the present time no other noteworthy symptoms have occurred. He has occasional attacks of pain still, but his general condition is much improved; appetite is good; he walks out every day; there is no remaining paralytic symptom; sensibility in head and face has gradually returned. No symptoms have been permanent but the loss of vision, which is entire.

S. F. Coues, Surgeon U. S. Navy.

Naval Hospital, Chelsea, Mass.

Pension Examining Surgeons.

The Commissioner of Pensions has appointed Dr. William Walton, of Woodsfield, Ohio; Dr. Archibald C. Lewis, of Greensburg, Kentucky; Dr. Alexander McBede, of Chippewa Falls, Wisconsin, and Dr. C. Baker, of Harrisburg, Illinois, surgeons to examine applicants for pensions.

News and Miscellany.

Suspended Development in Twin Pregnancies.

Dr. M. M. Eaton, of Peoria, Ill., reports as follows to the *Chicago Medical Examiner*:

In the May number of the *Chicago Medical Journal* for 1864, Vol. 21, No. 5, page 206, I reported a case that I attended, where a lady was delivered of a fœtus of about two months' development about two hours previous to her being delivered of a still-born fully developed child at full term.

The past summer, having had another case of a similar nature, I thought I would report this also, simply to add an item to accumulating experience on the physiology and pathology of gestation; such cases being of special interest to the pathologist, and not entirely void of interest to the general practitioner.

Case 2. Was called, August 14, 1866, to attend Mrs. H., living on North A—— street. Found her to be about 21 years of age, native of Illinois, in labor with her first child. She stated that she had always enjoyed good health, and she had the appearance of being in perfect health. On making an examination, I discovered the head of the child presenting to the os uteri, which was dilated about two and a half inches, with a gristly substance hanging from the os, an inch or more in length. This by more careful manipulation I discovered to be the hand and arm of a small fœtus. I then made slight traction in the absence of the pain, and the fœtus was delivered. It was of the size of a three months' fœtus, was not decomposed. The funis consisted simply of a slender membrane, without any appearance of blood-vessels. I should state that the amniotic fluid had been previously discharged. The labor now progressed naturally, and a fully developed living girl was delivered within an hour. The mother recovered without any trouble; the child still lives, a stout and hearty child.

Upon delivering the placenta, I could discover no indication of the attachment of the funis of the fœtus to the placental surface. I have these two specimens of arrested development carefully preserved in alcohol. Now the question arises, what caused the suspension of development in one and not in the other of these twins?

Syphilis extensively Propagated by Vaccination in France.

In a western department of France (Morbihan) some villages have been the theatre of severe syphilitic symptoms upon more than thirty children, who had all been vaccinated from a little girl with six punctures on each arm, the child herself having been operated upon from another who had been vaccinated from lymph preserved between two plates of glass obtained from the authorities. This misfortune created so much sensation that the Academy of Medicine of Paris sent down two Commissioners, Messrs. Henry Roger and Depaul. These gentlemen have just presented their report to the Academy, and this important document ends with the following considerations:—1. Several of the children whom we have examined were undoubtedly suffering from secondary syphilis. 2. We see no way of explaining this contamination but by vaccination; and we are confident that the cases we have seen were really syphilis engendered by vaccination. 3. As to the origin of the virus, it is very probable that the poison is traceable to the lymph, preserved between two pieces of glass, supplied by the authorities. As primary symptoms were also observed among the children, Mr. Ricord begged the commissioners to insert that fact in their report, which these gentlemen agreed to do. Here we unfortunately have again repeated the sad occurrences which took place at Rivalta (Italy) a short time ago.—*Lancet.*

—— M. Bowdin, an authority in statistical and anthropological matters, died recently in Paris. He was the author of an excellent work on medical geography, and of numerous contributions to medical and scientific publications on the different branches of medical statistics.

ARMY AND NAVY.

NAVY.

List of changes, etc., in the Medical Corps of the Navy, for the week ending April 20, 1867.

Passed Ass't-Surgeon Saml F. Shaw, detached from the U. S. S. Florida, and placed on waiting orders.

Ass't Surgeon Thos. R. Brown, ordered to be detached from Rec'g Ship Baltimore, on the 30th inst., and report on the 20th of May for duty on board the Guerriere.

MARRIED.

Allen—Maxwell.—By Rev. W. C. Neely, April 4th, Dr. H. H. Allen and Miss Sade B. Maxwell, all of Tuscarawas co., Ohio.

Baker—Plumstead.—April 11th, at the residence of the bride's parents, by his Honor, the Mayor of Philadelphia, Ellwood Baker, M. D., and Miss Mary E., daughter of Robert Plumstead, Esq., all of Upper Darby, Delaware county, Pa.

Gordon—King.—At New Albany, Ind., March 28th, by the Rev. C. Hutchinson, Dr. John Gordon and Miss C. C. King, all of that city.

Jewell—McMullin.—April 18, 1867, by Rev. James B. Simmons, Wilson Jewell, M. D., and Mrs. Charlotte M. McMullin, all of Philadelphia.

Kellogg—Chur.—In New York, April 16, by the Rev. Joseph A. Seiss, D. D., of Philadelphia, Edwin M. Kellogg, M. D., and Louisa H., daughter of A. T. Chur.

McCartin—Barry.—On Monday, April 22, by the Rev. E. W. Hitchcock, Henry E. McCartin, M. D., and Mary E., daughter of R. A. Barry, M. D., all of New York.

Townsend—Kaupe.—At Ascension Church, New York city, April 11, by Rev. Dr. Tuttle, Dr. Henry E. Townsend, of Boston, and Emilie, daughter of the late Robert Kaupe, of Germany.

DIED.

Allen.—On the 6th inst., at the residence of his brother, Dr. Nathan Allen, Lowell, Mass., of congestion of the lungs, Dr. Jonathan M. Allen, formerly of this city, in the 52d year of his age. [A more extended notice will appear next week.]

Carroll.—At the quarters of the 1st U. S. Infantry, Jackson Barracks, New Orleans, La., on the 23d of April, 1867, of consumption, Acting Assistant Surgeon Thomas Carroll, U. S. Army, aged 29 years. Late of No. 617 South Sixteenth Street, Philadelphia, Pa., formerly on duty at Mount Pleasant U. S. General Hospital, Washington, D. C., and McClellan, U. S. General Hospital, Philadelphia. Remains forwarded to Keene, Ohio, for interment. —2t.

Coit.—San Francisco, April 17.—Dr. Benjamin B. Coit, the pioneer physician of San Francisco, dropped dead in the street last night, caused by heart disease.

OBITUARY.

Simeon Abrahams, M. D.

Abrahams.—Suddenly, on Sunday morning, April 14, Simeon Abrahams, M.D., in the 58th year of his age.

We have no biography or account of the professional life of Dr. Abrahams, but the following record of his benefactions, taken from the *N. Y. Tribune*, shows that he was a good man, and it is well worthy of preservation.

Dr. Abrahams leaves behind him a bright example for rich men to imitate. After spending a life of the greatest frugality, temperance and industry, he so directs the distribution of his accumulated means (amounting to not less than $300,000) that the entire sum falls at last into the lap of charity. The only seeeming exception to this, is the amount awarded to the executors for services to be rendered, which may very properly be classed under the head of expenses. It will be perceived that that most worthy charity, the New York Hospital, receives a large share of his beneficence.

Though of the Jewish persuasion, he never was sectarian in his charities or his good will; and in his endeavors to confer a benefit, he never stopped to consider whether the recipient was Jew or Gentile.

His acts of disinterested kindness were numberless. Even in the distribution of his means in a business way, he always adhered to principles which were most likely to benefit those with whom he dealt. No single individual in the City of New York ever held more small bonds and mortgages than he. While rich men generally deprecate the idea of investing their means in small sums, Dr. Abrahams made it a principle if a poor man needed his means for the purpose of improving a lot in some out-of-the-way place, to advance it to him in sums of $500, or $1,000, in preference to loaning it in larger sums to those who would find less difficulty in obtaining them. In numberless instances, too, when such applications have been made, and the means not at hand, and the need urgent, has he deposited securities and borrowed at bank to accomodate his needy applicant. His kindness to them did not end here, for while he was ever ready to lend them, he was as willing to receive the payments in small amounts of $50 and upwards, as the ability of his beneficiaries enabled them to make them.

The record of such a man's life is worth much to the public, and a strong inducement for others to imitate it.

There is no doubt but that Dr. Abrahams was greatly influenced by the example set him by one of our most esteemed and late fellow-citizens, Anson G. Phelps, to follow it. In reading the record of Mr. Phelp's Will, he remarked, "there is a man worthy of his country, and one who lived to do good, and I mean to follow his example." His death reveals the fact that he has truthfully kept his promise by thus widely extending his charities where they were most needed.

The large amount awarded to the Old Ladies' Home, in Twentieth Street, ($20,000), was greatly out of respect to the memory of Mr. Phelps, who was one of its founders and most earnest supporters while he lived.

Dr. Abrahams was only in his 58th year, and was born in the City of New York, where none was better known and respected, or more frequently resorted to for counsel and advice. After accumulating his means, he travelled throughout the United States and Europe, and the entire of the Holy Land, and was one of the very first Hebrew Scholars of the country, and could write the language with greater facility than any other.

The following is a list of his bequests: Directs his body to be disposed of for scientific purposes, or for burial according to the wish of his family; gives directions to pay all his debts immediately: to his brother Benjamin, during life the income of $50,000; to his sister, Mrs. Dyer, during life the income of $30,000; Hebrew Benevolent Society, $25,000; Jews Hospital, $25,000; Lying-in Asylum, Marion-st., $3,000; American Female Guardian Society, $5,000: Orphan Asylum, Bloomingdale, $5,000: Eye and Ear Infirmary, $3,000; Firemen's Fund Association, $1,000; Deaf and Dumb Institution, $3,000; Old Ladies' Home, Twentieth-st., $20,000; Blind Asylum, Ninth-ave., $5,000; Juvenile Asylum Reformation of Delinquents, $2,000; New York Dispensary, $1,000; Northern Dispensary, $1,000; Eastern Dispensary, $1,000; Demilt Dispensary. $1,000; Western Dispensary, $1,000; North-Eastern Dispensary, $1,000; North-Western Dispensary, $1,000; New York Ophthalmic Hospital, $2.000; Juvenile Asylum, $3,000; New York Society for the Relief of Widows and Orphans of Medical Men, $5,000; Nursery and Child's Hospital, $3,000; Colored Home, $5,000; Association for Benefit of Colored Orphans, $5,000. Each Executor who shall qualify (three in number, $1,000), $3,000 in addition to his regular fees. Total, 210,000. The use of house and lot to his brother and sister during their lives, with all taxes, assessments, water rents, etc., paid. All the rest, residue, and remainder of his property to the New York Hospital; to which institution he also gives all the property of which his brother and sister have the use while living (house included) after their death. Appoints Benjamin Abrahams, John H. Riker, and Samuel Riker, Executors.

METEOROLOGY.

April,	1,	2,	3,	4,	5,	6,	7.
Wind	S. W.	S. W.	S. W.	S. W.	S. W.	S. W.	S.W.
Weather	Cl'dy. Rain.	Clear.	Clear.	Clear.	Cl'dy Sh'r.	Clear.	Clear.
Depth Rain	5-10				1-10		
Thermometer.							
Minimum	43°	36°	34°	38°	48°	37°	35°
At 8, A. M	52	52	45	52	59	47	50
At 12, M	55	53	55	64	59	49	60
At 3, P. M	56	54	56	65	60	50	
Mean	51.50	48.75	47.50	54.75	56.50	45.75	48.33
Barometer.							
At 12, M	29.6	29.9	30.3	30.1	29.6	29.9	30.2

Germantown, Pa. B. J. Leedom.

MEDICAL SOCIETY OF NEW JERSEY.

The next Annual Meeting of the Medical Society of New Jersey will be held in the City Hall Buildings at Newark, on the fourth Tuesday of May, (the 28th,) at half-past 7 o'clock, P. M.

WM. PIERSON, Jr.,
Recording Secretary.

Orange, N. J. April 26, 1867. 530—t.f.

AMERICAN MEDICAL ASSOCIATION.

The Eighteenth Annual Meeting of the American Medical Association will be held in Cincinnati, Ohio, on Tuesday, May 7th, 1867, at 11 o'clock, A. M.

Secretaries of all Medical Organizations are requested to forward lists of their delegates as soon as elected, to the Permanent Secretary.

W. B. ATKINSON,
215 Spruce Street, Philadelphia, Pa.

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THE

MEDICAL AND SURGICAL REPORTER.

No. 531.] PHILADELPHIA, MAY 4, 1867. [Vol. XVI.—No. 18.

Original Department.

Lectures.

LECTURE ON THE PATHOLOGY AND TREATMENT OF INFANTILE PARALYSIS.

Delivered before the New York Journal Association.

By William A. Hammond, M. D.,

Of the College of Physicians and Surgeons, New York.

Reported by E. S. Belden, M. D.,

Mr. President, and Gentlemen:—In accepting an invitation to address you this evening, I have done so with much diffidence, because the subjects in regard to which I have been asked to speak are really in some respects among the most obscure in the whole range of medical science. I cannot promise to bring any new points before you, but shall endeavor to give you an outline of what is really known in regard to those, based not only upon the investigations of others, but in great part upon my own experience.

First, in regard to the pathology. Two very different diseases are included under the term infantile paralysis. One of them is slight, temporary in its character, and under the use of iron and strychnia, terminates almost always in complete recovery; which plan of treatment was first described by Kennedy several years since. This form of the disease occurs from peripheral irritation and is probably due to a slight congestion of the meninges of the spinal cord.

The other, the one to which I shall ask your attention this evening, is much more severe, rarely, if ever, spontaneously ending in complete recovery. It has been described by Rilliet and Barthez as *Paralysie Essentielle de l'enfance*, and more fully by Duchenne, as the *Paralysie Atrophique graisseuse de l'enfance.* To this author is due the credit of a first correct account of the pathology of the muscles afflicted in this disease. According to him—and he has very abundantly settled the point by examinations of muscular tissue taken from the living subject—the first change that ensues after some slight degree of atrophy, is that of fatty degeneration. In his work entitled, "L'Électrisation localisée," he has given some excellent figures of the condition of the muscles in this disease, showing their conversion into fat. Examinations which I have also made of the muscular tissue of infants affected with paralysis, abundantly prove the correctness of Duchenne's investigations. The drawings which I show you now exhibit this point in a very striking degree. You will observe that there is a regular progressive increase of the fatty deposit, according to the length of time that the child has suffered from this affection. In some, you will observe, there is a simple deposit of fatty matter. The transverse striæ of the muscle are still to be perceived, and the longitudinal striæ are not absent. But as the fatty deposit increases, the muscular tissue seems to undergo a conversion into fat; the transverse striæ almost entirely disappear, and the longitudinal striæ are no longer to be seen. Fatty cells and oil globules have entirely taken the place of the muscular tissue. Along with this fatty degeneration of the muscle, which is really the essential feature of the disease, there is atrophy, reduction of temperature, and an abolition of the electrical contractility of the muscle. These four points, then,—fatty degeneration, atrophy, reduction of temperature, and loss of electrical contractility, are those which satisfactorily establish the existence of this form of infantile paralysis.

In order to ascertain the exact condition of the muscle, so far as the deposit of fat is concerned, Duchenne invented a small trocar, which he introduced through the skin into the muscle, and by a very slight mechanism he drew out with the instrument a small portion of muscular tissue. This, submitted to microscopical examination, of course showed the condition of the muscle. The instrument which I pass around to you now is similar to that of Duchenne, and I have been in the habit of using it quite frequently in order to ascertain the condition of the part affected.

Relative to the reduction of temperature; it is sometimes impossible to ascertain this with a sufficient degree of accuracy by means of the

common thermometer. I have, therefore, been in the habit of using Becquerel's discs, which are made of copper and bismuth, and which, by being placed in communication with a delicate galvanometer, show a reduction of temperature when it is very slight, and show the improvement in the condition of the tissue as the cure goes on.

Relative to the essential pathology of the disease, as far as the spinal cord is concerned, very little is really known upon the subject. It can scarcely be supposed, however, that so severe a disease as this could exist without some affection of the cord as its origin. In one case only that I have examined with reference to the condition of the cord, I found a cicatrix partially filled with a very small clot, which had existed probably some three or four years. This was in the case of a child who was suffering from infantile paralysis, when she accidentally fell down stairs and broke her neck instantly. In this case, in order to ascertain the condition of the cord which had given rise to the paralysis of the lower limb, I made a post-mortem examination, opened the spinal column, and discovered the condition that I have mentioned in the lower part of the dorsal portion of the cord. I am not aware that any other examination of the spinal cord has been made in this disease.

Duchenne expresses the opinion that it certainly is due to some affection of the cord; and I think most persons who have given their attention to this subject will coincide in this opinion.

When the poles of a galvanic battery are applied to a healthy muscle, contraction takes place. When the poles of a battery are applied to the muscle which is in the state described by Duchenne as existing in this infantile paralysis, a contraction does not take place. Or if it does, it is so very slight as not to be able generally to move the limb. The object, therefore, in using electricity is not only to hinder the further conversion of the muscle into fat, but to develope those few fibres that remain. And that this can be done is very satisfactorily settled, not only by Duchenne's practice, but in my own experience and that of others. For instance, when a person falls upon the shoulder and paralyzes the deltoid muscle, the paralysis that ensues is due to injury of the circumflex nerve. If the patient is left to himself, in all probability paralysis of the deltoid will remain, and he will never recover the ability to raise the shoulder. But by applying galvanism to the deltoid muscle, you thus preserve the electrical contractility of it; the circumflex nerve regains its power, and by the time it is cured of the injury it has received, the deltoid, having retained its contractility, is in a condition to perform its proper functions. Now, this is just precisely the case with the muscles in infantile paralysis. If they are allowed to go on in the condition to which they have been reduced by either injury to the nerve or injury to the spinal cord, and the electrical contractilily becomes destroyed, the muscle becomes converted into fat or atrophies; and when it has entirely gone into this condition of fatty degeneration, or fatty subititution, it is impossible that it can ever regain the power of contracting; consequently, the child remains perfectly lame. But the application of galvanism to it, to develope the contractile power that exists, the ability to act is preserved, new fibres are developed, and the injury is thus very frequently cured.

The form of galvanism that I have been in the habit of using is that known as derived from the induction-coil, or what is commonly called Faradization. This is to be distinguished from galvanism. In simple galvanism, the current coming from the parallel plates forms the direct current; but in Faradization you use the current which has been induced in a coil of wire; passing around the entire coil and being called the induced current; or, in compliment to Faraday, who first brought it into use, the Faradaic current. I was for a long time in the habit of using the induced current; but in some recent cases that have come under my observation frequently, the true voltaic or galvanic current has accomplished results which could not be accomplished by the induced current. I have constructed a battery consisting of one hundred bars, the effect of which is exceedingly intense; so much so, that if the poles are allowed to remain upon the skin for even a few seconds, a blister would be raised. With this instrument I have been able to produce contractions of the limbs of infants who were paralyzed, when I could not produce the slightest movement in the most powerful coils I have been able to procure. This instrument, which was made for me by Mr. Chester, of this city, consists of a series of perforated zinc and copper bars. These are separated from each other by pieces of flannel, and the agent which sets it in motion, dilute acetic acid or common vinegar, is poured upon it from the top. Owing to the fact that one plate is perforated and the other is not, the fluid soaks through them from one to the other; not, as in the common voltaic pile, along the edges only, and thus a current of greater intensity and quantity is obtained.

Duchenne has stated that he has cured patients affected with infantile paralysis after the disease has lasted two years. In my own experience I have never been able to effect this desirable result when the disease has lasted more than eighteen months; but I can very well conceive that by applying the galvanism regularly, and by using the other methods to which I shall hereafter allude, this cure may be effected, even after a longer time than that mentioned by Duchenne.

Along with the constant use of galvanism, other measures must be adopted which have great effect in accomplishing a cure. Among these are the local application of heat and the use of strychnia. I have been in the habit of using the heat by immersing the limb in hot water heated up to the temperature of from 140° to 160°, and sometimes even applying the galvanism through the medium of the water. This is readily done by having the vessel of copper, adapted to the shape of the leg somewhat, immersing the leg in it, and putting one pole into the water, and the other on the side of the vessel, when a current of galvanism is at once spread over the whole surface of the limb that is in the water. Strychnia is undoubtedly beneficial in infantile paralysis, when the acute stage is passed off, but as certainly injurious in the early stages, before the local trouble in the cord has become healed. This disease generally originates from cold, exposure, and sometimes from external irritation reflected to the cord. Therefore it would be exceedingly improper to use strychnia when the cord is inflamed or congested, as I believe is generally the condition in the first stage of the affection. After this condition has passed, which generally takes two or three weeks, the strychnia is decidedly beneficial, injecting it under the skin of the affected limb. I have practised this operation frequently, but cannot say that I have witnessed any result different or more beneficial than those which are obtained from taking the strychnia into the stomach.

Another measure which is not to be neglected, is the exercise of the limb as far as possible. When there is an entire inability to move the affected limb at all, passive motion must be kept up; the muscles must be kneaded continually, by means of the fingers pressing and working them about, just as you would a ball of dough. It is surprising how very rapidly the muscle becomes hard and tense under this operation.

I do not know that there are any other measures worthy of attention in this disease. As you will see, they simply comprehend the constant use of galvanism, the application of heat, the use of strychnia, passive motion, and kneading of the muscles.

As to the prognosis, I have generally been in the habit of saying, after Sir Benjamin Brodie, that when the patient, laid upon the floor, is able to draw up the thigh toward the body, a cure can almost certainly be effected; and I am sure that this is the case, provided the muscles have not been entirely converted into fat; but you can only ascertain that they have been entirely converted into fat by the use of this little instrument I have exhibited to you this evening, The reason why the ability to draw up the thigh is regarded as an indication of the possibility to effect a cure, is that the thigh is drawn up by the psoas and iliacus internus muscles, and it is exceedingly difficult, if not impossible, to galvanize these muscles. Consequently, when these lose their contractile power and become converted into fat, the child will never be able to walk freely without the aid of a crutch.

Communications.

INFANTILE DISEASES AND THERAPEUTICS.

By Jos. Adolphus, M. D.,
Of Hastings, Mich.

(Continued from page 354.)

Hooping cough is often over-treated, and made fatal. The several remedies recommended for it during the last quarter of a century are comparitively worthless, if not really dangerous. Hooping-cough will, under ordinary circumstances, run its course safely, and come out "all right." But in some cases where the onset is sudden, and attended with high fever and bronchitis, the danger is then great, because of the shock imparted to the life forces. The dyspnœa is usually quite harassing, and the child suffers much from exhaustion. The nightly exacerbation of severity of the symptoms is often caused by inattention to temperature. The morning bad symptoms are due to the tough, tenacious secretions contained in both the bronchi and stomach. During this time our best course is to endeavor to maintain as even a temperature of the room in which the child lives as possible, with a proper ventilation, *without draft.* When the hacking and worrying cough is on, a good smart emetic of lobelia and blood root made from the concentrated tinctures of each. A good loud hoop is fine

music in a case of hooping-cough, for then we know that the nervous forces are still competent to the last; but on the contrary, a low, soft, half hoop, and a hacking, worrying cough, is almost sure to end in convulsions, or often in death.

The best treatment I have found for hooping-cough is a strong decoction of clover hay evaporated down to the consistency of a fluid extract; a teaspoonful of this, with one or two grains of bromide of ammonium every few hours. The emetic, as above recommended, from the concentrated tinctures of lobelia and blood root, twice a day, should never be neglected. Tincture of lobelia seeds, when concentrated, does exercise a powerful influence on the pneumogastric nervous system, and acts remarkably well in hooping-cough. Plenty of good nourishing and easily digested food, fresh air of an even temperature, proper clothing, and care to maintain the digestion intact, is all that is needed in ordinary cases. In severe and grave ones, the great dread is convulsions, pneumonia, and collapse of the nerve forces.

In such cases I have found chloroform, in two very severe cases in which convulsions occurred, to act well, given by the mouth. I administered it in six drop doses in treacle, along with two drop doses of tincture of Indian hemp. Some years ago a child suffering from hooping-cough was bitten by a rattlesnake. I administered whisky, the child recovered from both bite and hooping-cough at the same time, viz., in thirty-six hours. Two days after not a vestige of the hoop was to be heard. In two cases of the cough I used stimulants very freely, with excellent effect; but I think more of the fluid extract of clover hay, and the chloroform, than of all other known remedies.

Diphtheria is seen both as a primary and as a secondary disease. In the secondary it is the most intractable; the former is much easier handled, no doubt in consequence of the debilitated condition of the general life forces in the latter. Some writers have thought that croup and diphtheria were alike; while others deem an error of diagnosis a fatal mistake. I think both are wrong. However, I am satisfied that both are blood diseases, and their treatment much alike. The great danger in treating both these diseases, is being deceived by the exacerbation and remission, which lead often to the opinion that an increase of diseased action is going on. The difficulty of breathing in both diseases, which occurs often during the daily exacerbation, is oftener relieved by the warm bath, wine, and quinine, than otherwise. Diphtheria does not consume much time in premonitory symptoms, and the graver the case, the shorter is the prodromus. Albumen occurs in the urine of the worst cases from the very outset, and if it increases from day to day, the prognosis is very unfavorable. Death occurs by way of syncope in by far the great majority of cases. The main features of diphtheria are the exhaustion of the vital forces at an early day, and the false membranes; which latter are not confined to the mucus membrane of the air passages, and alimentary tract, but attack all other tissues, except the hardest; they are particularly liable to occur on blistered and abraded surfaces.

I some years ago saw a form of diphtheria accompanied with a red rash over the body, albuminuria, and ending with desquamation. This form of the disease was often mistaken for scarlatina. In many cases the progress was slow and tedious, and the large joints, as the elbows, knees, etc., would swell, and become painful. Some cases ended in general stiffness of all the joints, such as often occurs as a sequel in rheumatism.

I have but one treatment for diphtheria, which I have used for six years, with very satisfactory results. I control the fever with Norwood's tincture verat. viride, with half its quantity of saturated tincture of root of aconite, in doses of from one-half drop to two drops of the combination every hour, with which I use the following combination:

Potass. chlor., ʒj. Soft water, f ʒj; dissolve with heat, then add, acid nit., f.ʒj; in fifteen minutes add muriatic acid, f.ʒj. Inclose in glass stoppered bottle and keep in the dark. Of this f.ʒij., to f.ʒviii. of water, a teaspoonful every hour with quinine. The false membranes are touched with glycerine, which removes them rapidly. Sometimes I use glycerine and tr. chlor. iron in equal proportions to the local mischief.

Food, essence of beef, milk, broth, and other strong food, in conjunction with stimulants is to be used. But we must avoid too much medication.

At the outset I often order a sharp emetic with good results, and repeat them through the treatment when the false membranes are troublesome. Lime water inhalations are of so much value in the treatment of both croup and diphtheria, especially the former, that I seldom neglect its use.

In croup I deny that calomel or antimony are of any utility. I have treated two cases in the same house, both membranous and inflammatory

croup, one with calomel and antimony, and the other by restorative treatment, using the lime water inhalations in both, and attending strictly to food and other necessary addenda alike, with very different results. First, the oldest of the children, a boy three years old, was treated with calomel, antimony, and quinine, in half grain doses every hour, after thorough vomiting by senega and antimony. This treatment was fairly tried. The boy recovered, it is true, but he was weakened greatly, and convalescence was slow, and emaciation was great. The second case was a child 18 months old. The treatment was commenced with the lobelia and bloodroot emetic as before mentioned, but not so strongly emetic, and pushed no further than a sickening effect. Cold was applied to the throat by ice bags, injections of beef essence and brandy in small portions, while a probang armed with glycerine was passed down the trachea with excellent good results. Vomiting was induced soon after, and the false membranes, tubes, and such, were thrown up. The lime water inhalations were used in both cases. The younger child made a rapid and perfect recovery. I regard the injection of food and stimulants per rectum of great value. In two cases I feel certain that they saved the lives of the children. There is a particular sort of exhaustion in croup from which children seldom recover. I refer to that state of the blood and nervous system that is induced by privation of air. I feel almost certain that food by the rectum modifies the influence of apneæ and gives the blood and nervous system more life and stronger resistance to death; the condition is something closely allied to a condition in tetanus I once observed in a child, after the convulsions and spasms were subdued; the child lived three days, and really died in consequence of some strange impression made on the nervous system. The symptoms were much like those observed in croup as above mentioned.

Continued fever in children is usually easily managed if we do not lay violent hands on them. The well marked exacerbation and remission of infantile continued fever, the irritability of temper, the nervous agitation, the loss of appetite, the disturbed sleep and restlessness at night, the cold hands and feet at certain hours during the day, with recurring flushes of fever during the middle of the forenoon or fore part of the evening, all tend to mislead the attention and refer the sympathy to a less grave form of fever. On the fifth day, however, well marked evidences of continued fever begin to show themselves. The remissions become less complete and are soon lost. The commencement of the second week then developes continued fever. The drowsiness of a child suffering from continued fever is more of stupor. It lies with its eyelids partly open and its lips apart, while there is a vacant look in the countenance. When aroused it starts rapidly and turns away with a peevish cry. There is a paleness over the face, but a blush is observed on each cheek, particularly that on which it lies. When spoken to, it answers short and peevishly; will pull away its hand when an attempt is made to feel its pulse. This stupor is mostly periodic. It comes on in the evening early and continues more or less profound during the night till morning; at about the middle of the forenoon it begins to relax, but it brings no change any further than the child is more awakened, but not more refreshed; if anything, more weak and exhausted. During this period of stupor, a very particular symptom occurs very often, which was, and is still, the cause of much malpractice. I refer to the child grinding its teeth and starting with a loud cry, and again reverting back to its lethargic sleep. This has often led to the idea of "worms," and treatment for their expulsion being adopted. It often occurs that many symptoms arise during continued fever of infants and children, stimulating brain disease, but I believe that if error at all is made, let it be on the side of letting the brain symptoms alone. The heat of the scalp and the trunk, and the harsh husky feel of the skin of the extremities, with the tumid and tender belly, gurgling fossas, rapid pulse, dry and coated tongue, covered with but little epithelium, and the spots on the abdomen and thorax, tell us of continued fever.

I treat dozens of cases every year, and I hardly give any medicine during common continued fever. With mush-poultices on the belly, cool borax water lotions for the skin, and muriatic acid and food, I have no complaint to make. When the diarrhœa is troublesome, I order

℞.	Chlor. potass.,	ʒss.
	Muriate ammon.,	ʒj.
	Water,	f.ʒiv.
	Nit. acid,	
	Muriatic acid,	āā f.ʒss.

A teaspoonful every two hours.

When the bowels are very loose and the evacuations quite thin, and separate into serum-like fluid and a flocculent dirty-white or brown fæcal matter, I never fail to use infusion of tea and muriatic acid, because then I can arrest the waste, stimulate the nervous system, and meet this bad state of things. These discharges are ever to be dreaded, because they hurry on ex-

haustion or death. When the head symptoms are troublesome, such as stupor, coma, delirium, I order tincture of ergot and wine. For a child a year old, I give ten drops of strong tincture of ergot and a teaspoonful of mild wine every three hours, with the tea. Quinine in muriatic acid in small doses at suitable intervals, say, four to eight times a day. When the nervous system is deeply implicated, and the pulse and respiration show signs of irregularity, quinia in large doses and tea in strong doses, repeated at intervals of two or four hours.

In treating these fevers, I push the food as far as I can within certain rational limits. The tea I do not advise only in such cases as show a severely shocked nervous system. Over-medication in infantile fevers must be avoided if we wish to cure our patients. I have seen three cases of typhus fever in infants under six months old. No treatment was pursued other than to keep the skin cool and clean with tepid water and careful nursing.

To be continued.

LIMOSIS AND PARAGENSIS.

By W. Marsden, M. D.,

Of Quebec, Canada.

Ex-President and Governor Col. Phys. and Surg., L. C. Corresponding Fel. Med. S., London. Hon. Fel Medico Bot. Soc., London. Hon. Fel. Pathological Soc., Montreal. Hon. Fel. M. Soc. and Lyc. Natural Hist., Berks. Hon. Fel. Medico-Chir. Soc., New York, etc. etc. etc.

The general pathologist is sometimes embarrassed to find a significant term or name for certain morbid conditions of the human economy, or perplexed to find a system of nosology, to which to refer certain cases of diseased action, and such is my position in the present instance.

In the case I am about to narrate, there is morbid taste, as well as a morbid appetite, which renders a classification more difficult or complex. It will at any rate be conceded, that it is entitled to a place among the *cas rares*.

Many persons from birth, or some after period of life, are capable of taking an enormous quantity of food into the stomach, without any habit of indulgence, but who do not increase in bulk in proportion to the quantity taken; on the contrary, are often meagre and emaciated. Others, from mere habit, eat very much more than is necessary to carry on healthy vital action, and suffer correspondingly. Others again, live on an inconceivably small quantity of food, and enjoy perfect health. Others live and thrive upon a solitary article of food, constituting a *monivorous* class, if I may be permitted to originate the term; and others live entirely on fluids, and continue healthy. I am acquainted with a strong, healthy, active and lusty farmer, who resides in the District of Three Rivers, who has lived for very many years, entirely on milk, whose taste is perfect, and who enjoys his food exceedingly. I cannot at present, (but may hereafter,) refer to some interesting cases of this latter kind, for which I have been consulted; but will now confine myself to a solitary case, for which I am indebted to A. A. Andrews, M. A., M. D., of Windsor, Canada West, which I transcribe literally. It was addressed to me, dated August 26th, 1866, and is as follows:

"Engrossed as I know you are on the subject of cholera, I do not suppose that one disease wholly absorbs your study, but that matters of general interest in the profession obtain a share of your attention, and a very singular case having come under my notice yesterday, I have determined to transmit you an account of it.

"I was requested to see and prescribe for a patient of my friend Dr. Donelly. It was a well-marked case of jaundice. The patient informed me that she had never eaten in her life. 'Je n'ai jamais mangé de ma vie.' Taking this to be a mere *façon de parler*, and to signify merely that she had habitually a poor appetite, and for as long as she could remember had never made a hearty meal, I paid no particular regard to the statement: but closer investigation elucidated the following relation, which I have every reason to believe literally correct.

"Clothilde Chauvin, ætat 25; married four years since, to Joseph Mayeux; both parties born and residing at Pointe des Roches, in this county. When she was almost three months old, she had whooping-cough very severely, and the vomiting that attended it was protracted, and brought her to death's door. On weaning, every attempt to give her solid food, even in the most trifling quantity, and in the most attenuated form, was invariably followed by immediate vomiting. Bread, crackers, flour or arrowroot in the *smallest* quantity, added to her milk, never failed to be at once rejected. Her death from inanition was expected from day to day, and from week to week, but instead of dying, she throve wonderfully. It was then confidently predicted she could not survive her seventh year, but she passed that period without any sickness worth a moment's care. The age of puberty was then allotted as the utmost possible limit of her life, but she attained full womanhood without knowing what it was to be sick. Her (would be savant) friends now assigned her majority as the

period of assured death, but she preferred marriage, and at twenty-one was married to the aforesaid MAYEUX, and at twenty-three became a mother. She is now far advanced in her second pregnancy—the first time she remembers ever to have been sick. I asked her what her weight was, and she appealed to her husband, who said he believed it was one hundred and forty pounds. I am inclined from the size and solidity her arm to believe he underrates it. Working in the harvest field, she says, no girl ever went before her; playing on the hay-mow, neither boy nor girl could handle her. 'What do you live on?' I asked. 'A bowl of milk, with two tablespoonfuls of molasses, three times a day, and sometimes a lump of sugar, which I suck.' I observed to her, that if she had not tried to eat, she could not tell whether she could swallow or no. 'She said she had tried again and again, and that she *could swallow very well.*' 'Then it seems you *do* eat, only you reject what you have eaten.' 'Instantly,' was the reply. 'How long is it since you made the last attempt to eat?' 'Seven or eight years.' 'Have you eaten nothing since you were married?' 'No, nor for many years before —no kind of solid food has gone inside my lips; nothing but milk, molasses and sugar.' 'Fruit, raspberries, or strawberries?' 'I have put them on my tongue to see if I could taste them, but never attempted to swallow one; *but I have no taste, I can taste nothing.*' Whether this last statement is *absolutely* true, I did not ascertain by special inquiries, but she led me to suppose that salt, vinegar, or gall, alike failed to produce any impression; in fact, that the gustatory nerve was paralyzed or wanting.

"I would have pursued my inquiries further, but she had twenty-four miles to ride, and I did not feel warranted in taking up more of her time.

"The mere fact that existence has been maintained for twenty-five years on this diet, is not so amazing as the large amount of physical strength developed under it. Of the truth of the whole narration I have not the least doubt, and I think it a really surprising case. In appearance she resembles a stout, well developed French 'Habitant' woman." The Doctor adds: "I begin her history as she gave it to me, with the whooping-cough, though how far (if at all) that is connected with the case, I am not prepared to say."

Such cases as the foregoing are very interesting, and show how much more important a part fluids play in the economy of nutrition than solids. Here we see milk doing the work of nutrition, as well as bread, beef and potatoes; and why not? Milk appears to partake of the nature of both animal and vegetable food. Milk contains casein, fat and sugar; and we have the casein or curd, and the fat or butter, representing the fibrin or fat of the beef, and, at the same time, a large proportion of sugar, which is much increased in MAYEUX's case, by "molasses, and sometimes a large lump of sugar," which represents the starch of wheaten bread.

I hope soon to be able to return to this subject.

THE THERMOMETER IN THE DIAGNOSIS, PROGNOSIS, AND TREATMENT, OF DISEASE.

EXTRACT FROM ADDRESS OF

W. H. DRAPER, M. D.

Read before the New York Medical Journal Association, March 29th, 1867.

Reported by E. S. Belden, M.D.

There is no reflection, perhaps, more humiliating to the thoughtful physician, than that which arises from his frequent inability to interpret with precision the complex phenomena of disease. The conclusions of to-day, based upon what seemed to be sufficient and satisfactory data, may be falsified by the developments of to-morrow; and a diagnosis, the result of long and careful deliberation, may be entirely disproved by the revelations of a *post-mortem* examination. In this want of positiveness lies the reproach which has so long and so justly rested upon the science of medicine, as a science hardly worthy of the name. The progress that has been made within the last twenty years is slowly relieving medicine of this reproach, and the present aspect of our science justifies the hope that in a few years the stigma may be removed.

For the progress that has already been made toward the scientific interpretation of morbid phenomena, we are indebted to organic chemistry and the discoveries of experimental physiology; and, for precision in clinical investigation, to the use of the microscope, ophthalmoscope, and various other optical appliances for the study of particular parts in situ. The recent introduction of the thermometer for the more accurate observation of the phenomena of fever, promises to be one of the most useful improvements that have ever been made in the study of disease. It seems strange that a symptom so common and so significant as fever, so inevitably connected with the progress of almost every morbid condition with which we are familiar, should, until within a few years, never have been made the subject of accurate investigation, and never have been utilized, so to speak, as one of the physical phenomena by

which we could most easily differentiate diseases and trace their natural history.

Fever has usually been spoken of as one of the symptoms of disease; but until the introduction of the thermometer, we have never been able to study accurately the variations of this symptom in the natural progress and termination of different diseases. The utility of the thermometer in enabling us to study accurately the phenomena of fever, and the advantages to be derived from this study in the diagnosis, prognosis, and treatment, of disease, we propose to make the subject of brief consideration this evening.

To appreciate fully the importance of clinical thermometry, it is necessary to bear in mind the nature of animal heat, and the causes of its physiological variations. The heat of the body is now generally admitted to be the result of the complex chemical transformations continually going on in the normal waste and repair of the tissues. The temperature thus produced is nearly uniform, and under all the normal conditions to which the body is exposed, rarely varies more than 2° Fahr. There are certain normal variations in different parts of the body. Thus, Bernard found the blood in the left side of the heart cooler than in the right side; owing, probably, to the cooling effect of the respiratory process. He also found the blood in the vena cava warmer than in the aorta; and in the hepatic veins than in the vena cava, in consequence of the activity of the vital changes in the chylopoietic viscera.

The results of the experiments of Davy, show that the normal heat of the body is subject to certain variations, dependent on the period of the day, exercise or repose, the ingestion of food or drink, and external temperature. The higher average temperature of infants and children is doubtless due to the greater activity of the vital changes in early life; the normal temperature of adults being taken as 98.4°, that of infants and children from 98.9° to 99.16°.

There is also a diurnal variation. The vital temperature being at its minimum during the night, and having its maximum during the early part of the day. This diurnal variation would seem to recognize also as its cause the greater activity of the vital functions in the early part of the day, and corresponds with the greater activity of the respiratory power and the excretion of urea. Exercise increases the temperature; and doubtless for the same reason, the increased rapidity of tissue change. The effect of the ingestion of food on the temperature has not yet been accurately investigated. In Dr. Davy's experiments there was an appreciable depression immediately after dinner, in England; though the reverse was the case in Barbadoes; but in both cases, Dr. Davy found that the use of wine caused a marked depressing influence on the temperature; the depression increasing with the quantity taken. This effect also corresponds with the influence which Edward Smith, Hammond, and others, have found to be produced by alcohol on the excretion of urea, and carbonic acid, by diminishing the rapidity of the retrograde amorphosis of tissue. The effect of the temperature of the surrounding air on animal heat is well known. The depression produced by cold, and the elevation produced by heat, are, in all probability, due not so much to the difference caused by atmospheric changes, the abstraction of heat from the surface, or of heat upon the surface, as to their direct effects upon the nervous system, and so upon the functions of organic life. The variation of heat in the healthy body has a direct and important bearing upon the changes of temperature of the body in disease, and enable us to interpret correctly the phenomena of fever.

The old definition of fever as given by Galen, was, "preternatural heat;" by Virchow, "fever, whether symptomatic or idiopathic, consists essentially in elevation of temperature, which must arise in an increased tissue-change," etc. The truthfulness of this definition is now generally accepted. In proof of it, Dr. Vogel found the amount of urea discharged, was increased in a case of typhoid fever up to 890 grains in a day; in another case of the same fever, 1065 grains; in a case of typhus, 1235; the normal amount scarcely exceeding 400 or 450 grains. Dr. Sydney Kingen has demonstrated that for each additional degree of heat in the body above the normal standard, there are a certain number of degrees of urea eliminated above the usual amount. Many theories on this subject have also been made by Drs. Parker, Vogel, Brattler, and others, in typhus, typhoid, and scarlet fevers; small-pox, diphtheria, pneumonia, and other febrile affections; and the results of these observations, certainly establish the fact of a relation between the degree of fever, the animal temperature, and the amount of tissue transformation. To establish what the exact ratio of increase is, will require a very large number of observations with reference to the amount of excretion; which will be very difficult and complex.

From what has been said, it will be readily seen that the study of fever as a symptom of disease is of great importance. How are we to recognize most accurately the degree of febrile action? The rapidity and strength of the pulse gives a

relative idea of the degree of heat; but it is *only* relative. The numerous variations of the pulse in health, prevent us from judging of disease by it with any great accuracy. The estimation of fever by the quality of the pulse alone, or by the sensation of heat conveyed to the hand, is very fallacious. Sensations of heat and cold are purely relative, and hence, different observers come to very different conclusions, judging of fever by this standard. The thermometer, giving the exact temperature of the body, is a most valuable aid in clinical investigations.

Let us consider simply the observations of WUNDERLICH, VIRCHOW, and others in Germany; BECQUEREL, and BERNARD, in France; and KINGEN, JENNER, and PARKER, in England; and what they have proved to be the prominent advantages to be derived from the use of the thermometer in disease. First, it is the only positive test of the existence of fever. It is valuable, therefore, as an aid in diagnosis. The existence of fever often escapes the attention of the physician until the disease has made considerable progress, and startles him by its gravity. The observations of KINGEN show that tuberculosis is shown by the occurrence of fever some time before it is manifested by physical signs. It has happened more than once, that typhoid fever has not been suspected until perforation of the intestine, or severe, and perhaps fatal hæmorrhage, has revealed the ulceration of PEYER'S glands. Again, it sometimes happens that a dangerous malady may be so closely simulated by an innocent one, or *vice versâ*, that it will be almost impossible to differentiate the two, except by the thermometer. In this way we may distinguish cerebro-spinal meningitis from hysteria, and other innocent diseases.

Another way in which the thermometer is of inestimable value, is in warning us of the approach of danger in the course of disease. It is to the physician what the barometer is to the mariner, warning him of the coming storm. A sudden rise in the thermometer in the course of an acute disease, is the precursor of a new, and perhaps serious complication. A sudden rise in temperature in the course of acute rheumatism, is the earliest premonition of some visceral complication. A sudden fall in the temperature may apprize us of hemorrhage or intestinal perforation. A sudden rise in the temperature in convalescence, is always a sign of the approach of danger, or some serious complication; and the warning of this complication is very much earlier appreciated in this way than by any other means of investigation. When the thermometer falls into the hands of every practitioner, and when the number of its observations are largely increased; when the clinical records of disease shall be made by more precise and scientific methods, so as to present us with the natural history of diseases, it will be found that the thermometer is an indispensable instrument; not only because it enables us to appreciate the intensity of febrile action, but its varieties in different diseases.

The day is coming when we shall have diagrams illustrating the history of the vital phenomena and signs, and their natural progress, so that we shall be the better prepared to appreciate the abnormal conditions, and the means of controlling them. WUNDERLICH, who has made probably more observations with the thermometer than any other living man, has determined, for example, that in simple croupous pneumonia, where the temperature does not exceed 104°, Fahrenheit, the pulse 120, and the respiration 40 in the minute, the case may be considered a favorable one; will surely reach its crisis in from six to ten days, and defervesce, without any medical treatment, except proper attention to the ordinary hygienic and dietetic rules.

A proper and intelligent use of the thermometer in making regular and careful observations of the temperature alone, or in connection with other symptoms, will enable the physician to predict with certainty a fatal issue, or the probably near approach of death. This statement should be qualified by the remark that high temperatures have a relative value according to the nature of the disease in which they occur. For example, a temperature of 105° in erysipelas on the fourth or fifth day of the disease, would not have the same import as in acute rheumatism, at the same time. In the one case it would be in accordance with the natural progress of the disease; in the other, it would indicate a grave complication. Again, a temperature of 103–4 in the second week of typhus or typhoid fever, would not cause exactly the same apprehension that an equal temperature would in the third week of either of these diseases. Very high temperatures are very often registered in acute disease where favorable terminations occur. An abnormal course in the temperature of a disease, is of more prognostic importance than the particular degree, or simply a high range. The temperature may diminish while the pulse increases in frequency, and diminishes in force. A want of harmony between the pulse and the temperature is a symptom of serious import, then the other symptoms become more marked.

Another advantage to be anticipated from careful thermometric observations in disease, is the favorable influence exerted upon the therapeutical and dietetical management of disease, when we comprehend intelligently its natural progress. When we come to understand the natural history of a disease, we shall better understand how to interfere in its treatment. This use of the thermometer in the study of fever has done much toward the development of its treatment.

If there is a fixed relation between excretion and fever, then fever gives a standard measure of tissue metamorphosis. Clinical experience, though still quite limited, goes to show that the degree of fever does represent the rapidity of waste. If such, on farther observation, should prove to be the fact, it will be valuable information to us in its treatment, indicating quiet, and food to check the waste, and assist the repair. Regarding fever as the measure of tissue metamorphosis, we find that the true febrifuges were food and stimulants, and that the maxim of Graves to "feed fevers," and the more recent practice of stimulation may be defended on scientific grounds.

Though it has been common to indulge in generalities upon the value of thermometrical observations, such observations were first systematically made in the New York Hospital eighteen months ago, and since that time they have been regularly kept up in all the interesting cases of acute disease there. The results, so far as I know them, go to corroborate those of Continental and English observers. In private practice, I am constantly in the habit of using this instrument, and should feel at a loss without it. All that has been said in favor of it is fully justified by my experience with it. I use the instrument of Cassell, of London, which is graduated to fifths of a degree. I prefer it on account of its sensitiveness.

Severe Winter in Russia—Prevalence of Cholera.

The *Medical Messenger*, of St. Petersburg, contains the following details respecting the winter in Russia: "The present season has been remarkable for the severity of the temperature, and up to the present time there has been but one thaw, after an intense cold of 30 degrees below Centigrade (22 degrees below zero, Fahrenheit). The number of persons suffering from illness has increased considerably, and all the civil and military hospitals are filled. The prevailing affections are typhus and intermittent fever, diphtheria, etc. But what is most remarkable is that the cholera, which had almost entirely disappeared at the end of auumn, increased with the great cold of January, contrary to the ideas generally accepted on that disease."

PHYSIOLOGICAL AND PATHOLOGICAL RELATIONS OF THE TRUNKAL MUSCLES, WITH THE THERAPEUTIC INDICATIONS INVOLVED.

By E. P. Banning, M. D.,

Of New York.

(Continued from page 379, vol. xv.)

Of the Management of the Balance in Retroversion.

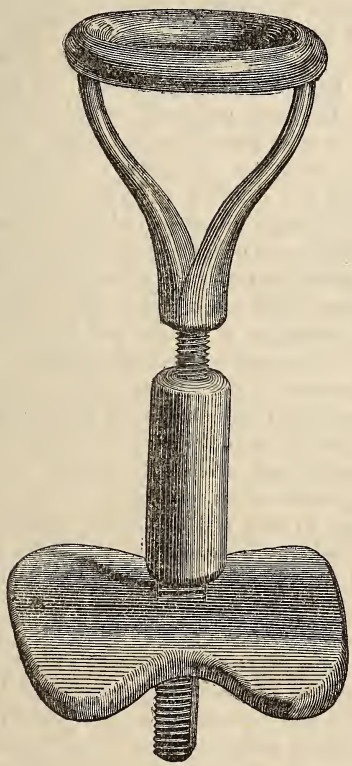
First. If practicable, by the curved sound or otherwise, the uterus should be fully reposited at once, inasmuch as that will remove every obstacle to passing the curved balance to the cul-de-sac behind the uterus; and the sound, whilst being held by the patient or an assistant, acts as a director and tends to guard against the tendency of the balance to pass in *front* of the uterus, to strike the os, or to press the partialy reposited uterus mid-way between the os and fundus. These mishaps are inadmissible and fraught with evil in several respects. After the introduction of the balance, the first care is to see that it does not impinge upon either the uterus or rectum, and that it is carried to the posterior cul-de-sac, always bearing in mind, that it is no part of the repositing process to operate upon the uterus directly. This is done only by elevating the expanded cul-de-sac. In this case, the T of the balance performs the double purpose of holding the uterine fundus forward to the centre of the pelvis, and of dragging the os back toward the sacrum. Thus, then, it is a matter of prime care not to be deceived by the ever pressing tendency of the curved balance to pass in front of the os, to press upon it, or to strike the retroverting body of the uterus. If it presses upon or strikes the os, the os will be carried forward and higher, and the retroversion will be aggravated, much as a fallen man would be helped by lifting his feet and not his shoulders. It would also tend to produce irritation, congestion, and ulceration of the cervix. If it strike the body of the uterus, then, if there is a flexion, it will increase it, and if not it will induce one. It must also tend to aggravate or to provoke a morbid condition of that organ, and to produce pain and tenderness, with a variety of sympathetic concomitants. As such mistakes as the above tend so forcibly, not only to thwart the desired consummation of the cure, but also to cause the last state to be worse than the first, the practitioner should not only be very careful to avoid them by placing the balance right, but also should be vigilant in seeing that the instrument does not slip to one side, or *settle from its true position* after it has been once properly placed.

This may occur either from some meddling of the irritable patient, or from some imperfection in the manner of connecting the balance to the external brace. Such a mishap should always be suspected whenever the patient complains of pain in consequeuce of the internal instrument, especially when it occurs after it has been once worn with perfect comfort.

Some Details of the Manipulation with the Balance.

1st. *Of introduction of Balance.* Ordinarily, in the case of married ladies, where there is a normal state of the vulvular tissues, there would be no need of remarks to the professional reader,

Fig. 4.



upon this point, particularly, as the balance is so delicate, small, and simple; nevertheless, the writer feels called upon to say something. First, because many of the subjects in question are not only unmarried ladies, but virgins also; and because he has met cases where there was a most unaccountable state of sensitiveness of the external meatus, to the slightest manipulation; so much so, that coitus was unbearable; and yet in these very cases, after the balance was once introduced, there was no further trouble from the presence of the instrument. Second: Because (if I may credit the confessions of modest and timid practitioners) in some cases, most important digital and specular examinations are either omitted or very bunglingly performed, purely from want of that confidence, which a few simple details would initiate.

With this apology, I remark then, 1st, that I usually place the patient upon her left side, inclining well toward her face, the limbs being well flexed on the body, and the right one thrown forward of the left, as this latter greatly liberates the vulva, and enhances the digital freedom. Next, having lubricated the vulva, within and without, and given them time for relaxation, I place the forefinger of my right hand in the meatus, and firmly draw back the posterior commisure; by this process, slowly and gently conducted, the previously contracted, rigid, and sensitive meatus will soon become amply expanded. This effected, with the balance in my left hand, (the outer extremity of it pointing back toward the anus,) I insert the left branch of the T until the shaft comes in contact with the commisures. Then, placing the ball of my right forefinger upon the end of the right branch of the T, I press the T back until I feel the back of my right forefinger coming under the symphesis. Then, while my right forefinger pushes gently, my left hand brings forward the distal end of the balance, and causes the T to rotate under the symphisis, without giving the slightest irritation.

Of Placing the Balance. As soon as the instrument is introduced, it should be turned so as to take its antero-posterior bearing, and be carried to the posterior cul-de-sac. To accomplish this with the greatest ease and certainty, I raise the outer extremity of the balance against the symphesis with the thumb and finger of my left hand, and with the forefinger of my right hooked around the balance high up in the vagina, I press the balance back against the rectum, and so retain it, whilst with the left I gently crowd the whole up and back, taking special care to see that the T does not advance BEFORE or *on to* the uterus; then the protruding extremity is carried back to the comissure to assume a vertical position. This being accomplished, with the left forefinger on the top balance, let the first, or the first and second fingers of the right hand, explore the internal bearing thoroughly, to see that everything is as it should be; if not, time must be taken, and nothing short of a perfect bearing of the balance between the uterus and rectum be tolerated;

time, gentleness, and perseverance, will accomplish it.

Of the Curve of the Balance. It should be remembered that it is claimed as one of the excellencies of the balance, that its extremity performs the repositing, no other portion of the instrument more than touches the surrounding parts, and occupies no more of the pelvic space than would a vertical *pipe stem:* consequently, it is evident that the curve of the instrument must so correspond to the curve of the sacrum as not to impinge upon anything in its vertical occupation. Should the curve be too great in any one case, it may cause great annoyance, such as pains and cramps in the limbs, pain in the sacrum, and distress generally, from pressure on some of the sacral nerves, or by direct pressure upon the rectum or hemorrhoidal veins, constipation by obstructing the foecal descent, and piles by obstructing the ascent of the hemorrhoidal blood, may be induced. It is important, therefore, not only to place the superior portion of the balance right, but also, *to see* that the *curve* of the balance does not impinge upon the rear portion of the pelvis; and, when any of the aforesaid symptoms occur in connection with the balance, they may be suspected to originate from the above causes, and the curve must be diminished.

How to Change the Curve. First; smear well with olive oil; then hold it over a gas light (high enough not to burn it in anywise); as soon as you find it yielding, change the form to suit, and hold it thus until it cools. A very slight change makes a great difference. As a general rule, when a change in the superior curve has been made, that creates a necessity for an opposite curve in the inferior portion near to the vulva guard, in order to preserve its perpendicularity, as the fulcrum of a purely vertical action.

Of Retaining the Balance in Situ. Being now satisfied that all is correct, I slip the accomodation vulva guard on to the tenon of the protruding balance and fasten it against the shoulders of the tenon by a nut, leaving the guard sufficiently loose to secure a uniform bearing. This guard is composed of hard rubber, and so constructed as to close the meatus and admit of urination and defecation with the instrument in tact. It also serves to guage the ascent of the T and to protect against excessive or irregular pressure under any contingency. After one perfect adjustment of the balance, it will be unnecessary to remove the guard for successive insertions.

Next, the patient will turn upon her back, and the curved elastic and thin spring, which has been previously screwed to the front bar of the abdominal and spinal shoulder brace, will be brought down, and one of its mortices slipped over the tenon of the balance and resting against the guard; this will constitute the aggressive and protecting, yet gentle force, which both retains the balance in situ and supplies a yielding and undulating power. It also gives a perpetual protection against a tiresome pressure, under the motions of the body, much as do eliptic springs under a buggy to weak passengers. As one remarked, "it seems as if the womb was mounted on a buggy." This, by the way, is another difference between the action of the balance and of the unyielding pessaries.

Of the Amount of Support to be Given. On this point, we have ever been guided, first, by the effect upon the patient's sensations, having early learned by dear experience, not to be too ambitious of elevating the uterus too high, or too rapidly. In nervous temperaments, to suddenly elevate the long prolapsed, verted, and flexed uterus, to more than its normal height, will often induce paroxysms of hysteria, together with prickling and drawing pains in the pelvis; and should the organ be elevated *above* its natural position, the undue traction of the uterine ligaments and nerves, induces more or less constant desire to urinate, with an uneasy, and ultimately, a painful sensation of pulling and tightness, with cramps in the course of the uterine guys.

Where there is the least symptom of these, the balance should be immediately shortened, for as time is with us, it is better to at first support moderately, and afterward, increase gradually to the proper extent. Secondly: It is an axiom with me, to stop a little short of restoring the uterus quite to its normal height, on the physiological idea that we should never so completely support the uterus as to leave nothing for its natural supports to do; and also, that if we stop just a little short of the fullest support, the exhausted and overtasked ligaments will be both *provoked* and *encouraged* to evoke their remaining energies under the *rest* of the balance, and the *exciting* and *undulating action* of the external spring on which it rests. In a word, *good sense* must be the guide; and I close on this important point, first, with the confession, that in two or three cases during my earlier experience, I seriously jeopardised the prospects of the patient, by being too ambitious of a sudden and extreme elevation of the uterus; and second, with the injunction, to leave *something* for the natural uterine supports to do.

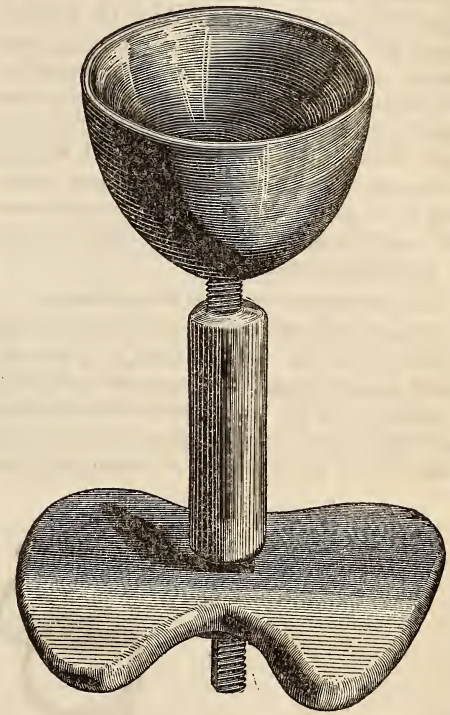
Of an immovable condition of the Uterus in versions and flexions. But we have not unfre-

quently, to contend with serious contingencies, which require the full exercise of courage and discretion. These come in the form of great tenderness from congestion, chronic inflammation, adhesions, and a locked or packed condition of the uterus; particularly, where the case is complicated with flexion. In such cases, the uterus being not only immovable, but very low in the inferior strait, the fundus on the perineum and imbedded in the rectum, anything like the ordinary length of the balance cannot be brought to bear for want of room. Yet the balance *must* be used, so as to gradually wedge in between the rectum and fundus, and stealthily and steadily lift, or the patient must be abandoned to hopeless suffering. Another thing; in such cases; the unoccupied track from the posterior commissure of the meatus to the uterine fundus, is almost directly backward, and parallel with the perineum, so that, saying nothing of the length, a balance of the ordinary curve, (though short enough,) could not be brought to *bear* between the fundus and rectum, but the T would act in the upward direction, against the *body* of the uterus, and so excite pain, with no prospect of success; therefore, it must pass almost *directly back*, in order to separate the fundus from the rectum. In such cases, the length of the balance admissible, must be ascertained by the finger or a sound, and the following changes in the curve of the balance be made in the manner before indicated.

First, the intro-vaginal portion of the balance must be nearly straight, because the short passage is straight. Next, in order to tip the T far enough back, a very *short* curve must be given to the vulvur portion of the shaft. In this way, you can commence, and as soon as is feasible, the T may be elevated, by means of the set screw near it, not forgetting that as fast as the T is permitted to rise on the sacral plane, the former curve must again be given to the balance, in order to preserve the vertical action, and avoid pressure upon the superior rectum. But after all that can be said, so varied are the peculiarities of cases, that a vast amount must be left to the good sense, discretion and ingenuity of the practitioner.

Of the management of the straight Balance (No. 5) in Anteversion and Flexion. In anteversions and flexions, the balance is straight, and, as a matter of course, is to pass in *front* of the uterus to the anterior cul-de-sac direct, without impinging upon the bladder or uterus. Comparatively, this is far more easily accomplished than in retroversions, as, in ordinary cases, the balance spontaneously takes its proper position in front. Nevertheless, there are several things to be guarded against, viz., 1st, the T of the balance is liable to strike the body of the uterus, and not between the uterus and bladder. This mistake is totally inadmissible, as it not only tends directly to induce irritation, congestion, inflammation, etc., but also, to cause a *flexion*, and to aggravate one where it previously existed. This is easily remedied; 1st, by pushing the protruding end of the balance further back toward the posterior commissure, by slipping the tenon through the first mortise; 2d, by making a sharp curve in

Fig. 5.



the shaft of the balance near to the guard. Either of these, properly and fully carried out, will thoroughly meet the emergency; provided, the curve and strength of the depending spring is such as to snugly hold the balance from *settling*, after it has been once properly placed. It is necessary to look carefully to this latter point, as a defect here often thwarts our object unsuspectedly. 2d. The T of the balance may strike the body of the bladder; in other words, pitch too far forward, inducing a sense of sickening, bearing, or pressing on that organ, with a constant desire to urinate, and an indisposition to stand erect. This is readily remedied; 1st, by drawing the tenon of the balance forward toward the pubes,

by slipping it through the second and third mortise in the depending spring; 2d, by making a curve in the shaft of the balance, whereby the T is pitched back from the bladder; 3d, the balance may be too long, and give too much support, producing a sensation of tightness, strain, and uneasiness in the region of the uterine ligaments, with some difficulty in voiding urine; also, more or less nervousness and hysteria, with a feeling as though they "must strip the whole apparatus off at once." Such an undue support also tends, sooner or later, to induce a tender and ulcerated condition of the cul-de-sac, and to induce an exhausting leucorrhœa. The remedy is,—to diminish the support. This is done, 1st, by shortening the balance, by gradually turning down the set screw; 2d, by straitening the depending and supporting spring; for the difficulty often arises, not so much from the *length* of the balance, as from the *unyielding* vigor with which it is held in position; 3d, the uterus and vagina may be so tender, and there may be such a neuralgic condition, as to forbid the effective action of the *balance* at the first.

Of the Large and Small Ring Elevator.

These instruments consist of rings, (much smaller than can even be used as pessaries,) which are so mounted upon a spiral wire, which is concealed in the hollow shaft of the elevator, as to give them an easy elliptical or jumping action. This action renders the instrument much

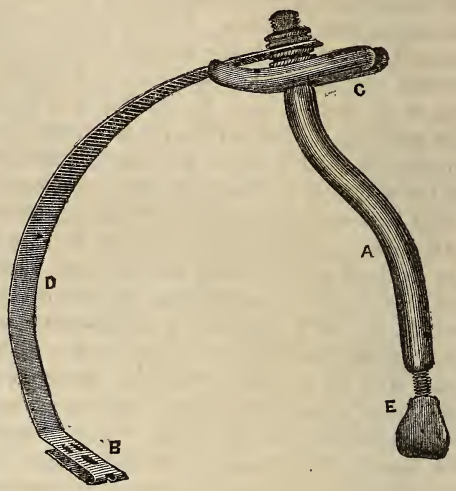
Fig. 6.

less irritating to the cul-de-sac, and preserves the normal undulating movement of the uterus, as in respiration.

These varieties of inter-pelvic supports are only adapted to those forms of procidentia or prolapsus which are not fully met by the abdominal and spinal shoulder-brace.

In the most extreme of these conditions, in connection with the abdominal and spinal shoulder-brace, and the connecting curved and depending spring, these instruments are positively and summarily sovereign, without distension of the vagina or any pressure upon the os or cervix.

Fig. 7.



The smaller elevator is designed for young patients, and all cases where there is a *rigid* and *irritable* condition of the external parts, but must not be applied when there is an ulcerated or congested condition of the os or cervix, as the chances are that so small a ring might impinge upon the diseased point.

This form of internal support requires much less skill in its adjustment than do either of the others, the instrument rather spontaneously assuming its proper position.

It is shortened or elongated by turning the ring on its set-screw; and if it requires special shortening, it can be accomplished by cutting off a piece of the spiral wire, which is concealed within the hollow shaft. To do this, remove the sliding piston by punching out the small pin, at the top of the hollow shaft, and the spiral wire will readily fall out, and may be clipped off by strong scissors. Then return the wire to the shaft, put in the sliding piston, and fasten with the pin as before.

It is intended that this instrument shall be shortened and gradually withdrawn as the patient improves. As a general rule, it is safer for a time

to continue the use of the abdominal and spinal shoulder brace after the elevator has been entirely withdrawn.

Of the Bifurcated Elevator.

This instrument is also designed for cases of simple subsidence of the womb; more especially when the ovaries, fallopian tubes, and round and broad ligaments, are not in a condition to admit of the pressure at the lateral angles of the uterus, which the oval ring usually exerts. In such cases, the bifurcated variety entirely obviates this contingency, as it acts only at the forward and back portions of the cul-de-sac. Not being quite so manageable by the uninitiated patient, its sphere of usefulness is comparatively circumscribed.

Lastly, be it remembered, that after the professional adjustment of either of these instruments has been once properly effected, the patient soon becomes perfectly competent to afterwards remove and introduce them herself, and ultimately to dispense with their use.

Hospital Reports.

Jefferson Medical College,
April 24th, 1867.

Surgical Clinic of Prof. Gross.

Reported by Dr. Napheys.

Sebaceous Tumor.

Mrs. D., æt. 40. She has had a tumor for the last twelve years, immediately beneath, and partly covering the lobe of the right ear. The cause of its appearance is unknown. There is no discoloration of the skin, and the part has been painless until within the last few weeks. The tumor is soft and fluctuating.

This is a sebaceous tumor. An attempt to remove it by enucleation would be difficult on account of the softness of its contents, and the attenuated condition of the skin and sac. An incision was therefore made into it, and its contents, retained sebaceous substance, changed in its character in a very remarkable degree from long retention; turned out the cyst, which was very thin, and firmly adherent to the skin, was then carefully dissected out, as, if the slightest portion were allowed to remain, it would lead to a new production.

Remarkable Morbid Growths.

Mrs. Mary F., æt. 37. At the last clinic Professor Gross injected into the larger, as well as a few of the smaller tumors on this woman's chest, dilute acetic acid, according to Broadbent't suggestion, vide p. 357. She suffered from a violent rigor after the operation. The parts have bled somewhat since the injection.

Altogether, this is a very remarkable case, on account of the extent of the disease, the naked condition of the tumors, deprived, as they are, of skin, the rapid increase in the larger tumors within the last few months, and the number of the morbid growths, nearly two dozen, clustered together. The discharge is thin, ichorous, sanious, or sanguinolent and offensive, so much so, that she is obliged to use permanganate of potassa as a deodorizer. The disease made its appearance seventeen years ago, when, consequently, she was at the age of twenty. It seems to be confined entirely to the skin, not involving apparently the subcutaneous tissues. It is very uncommon indeed to see so large an amount of substance without any cutaneous covering.

It is a favorable circumstance that these tumors are of such long duration, but they look very much like epithelial, cancroid; or, as Professor Gross would prefer to call them, scirrhus growths of the skin. The word epithelial, as applied to tumors, ought never to have been introduced into the nomenclature of surgery, for tumors thus designated differ from scirrhus, such as is liable to occur in the mammary gland, liver, uterus, and other parts of the body, only in the epithelial matter which they contain, which is derived from the skin, or the skin and mucous membrane.

It is proposed to ligate some of the larger tumors, which appear to be attached by a comparatively narrow pedicle. The use of the knife might be followed by serious hæmorrhage.

The woman was placed under the influence of chloroform. A stout ligature was thrown around the largest tumor, which was remarkably soft and very vascular. There was considerable bleeding at one point, which was checked by the application of charpie, steeped in Monsell's solution—the most powerful of all the styptics at present known. The fungous mass will probably drop off in the next three or four days, perhaps sooner.

Caries of Tibia.

Robert W., æt. 22. This patient came under Prof. Gross's care a year ago this month, on account of caries of the lower portion of the tibia and fibula of the right leg. He had been operated on twice previously by other surgeons. He was placed under the influence of chloroform at that time, and the parts extensively scraped. A few weeks after, he was sent home greatly improved, with the promise of doing well. The disease either returned or was not entirely removed, and he came back last November, when he was brought before the class and another scraping operation performed, (vide p. 88.) The result has been a perfect cure on the side corresponding with the fibula. On the tibial side the disease is nearly eradicated, but there is still evidently a little morbid action going on at the posterior part of that bone. It is deeply seated, and the difficulty in both the operations performed on this man, has been to reach all the diseased structure. The posterior tibial artery is close by, and it is therefore necessary to proceed cautiously, that it may not be wounded. If the slightest particle of diseased structure escape removal, it may be sufficient to keep up the morbid action.

There was great enlargement of the foot and ankle, and of the lower part of the leg, from long continued inflammation, when the patient

was at the clinic last November. This was especially true at the time of the first operation referred to. This swelling has in great measure disappeared, and his general health is excellent.

He was placed under the influence of chloroform. The opening on the inner side, just above the ankle, was enlarged, and the chisel brought in contact with the posterior surface of the tibia, which was found to be rough, the denuded surface extending nearly down toward the ankle-joint. By means of a bore or drill similar to that employed by the dentist for cleaning out the cavity of a tooth preparatory to the operation of plugging, the softened portion of the bone was removed—care being taken to avoid wounding the posterior tibial artery. The parts were then thoroughly syringed out, to get rid of the broken down bony tissue made with the instrument, the retention of which would be followed by unpleasant results. A full stream of water should always be used after these operations upon bones, and during the after-treatment the parts should be washed out once, if not twice, in the twenty-four hours. Nothing further will be necessary except the application of a solution of sugar of lead, keeping the patient at rest in a recumbent posture, and enjoining a light diet and an aperient to-morrow.

Caries and Necrosis of the Foot.

Mr. P. This man was here at the last clinic (vide p. 356), on account of disease of the bones of the left foot, of several years standing. The left limb has become much emaciated. On comparing the two, a vast difference in size is observed, in consequence of the wasting of the muscles and the absorption of the fat in the affected leg, caused by a change in the nervous fluid, an impairment of the nutritive function. The small bones of the foot are involved. There has evidently been synovitis, whether inflammation of the cartilages of the joint, it is impossible to say. If it were certain that the structure of the tibio-tarsal articulation was involved, amputation would be preferable to any other operation. There is a great deal of disease, and it may not be possible to save the limb.

Chloroform was administered. On introducing the probe into the opening in the inner side of the foot, it came at once in contact with a rough denuded surface, grating on the parts. An incision was made on that side, the chisel introduced, and disintegrated bone removed in abundance. Necrosis as well as caries was found to exist, some portions of the bone being dead, others in a state of ulceration. The opening in the outer side was next enlarged and a great amount of bone removed. Surgeons fond of excision, would, in this case, make large flaps, and remove portions of the bone with forceps, but Prof. Gross prefers to operate in this way, knowing from long experience, it is perfectly safe and generally efficacious. The operation was a tedious one. Scarcely any blood was lost.

The large cavity extending from one side of the foot to the other, was carefully washed out, and a strong solution of acetate of lead and opium was ordered to be applied, the limb being kept at rest in a relaxed condition. So soon as he recovers from the effects of the chloroform, one half a grain of morphia will be administered. His diet should be plain, simple, and nutritious, with a little milk punch. To-morrow he will take a mild aperient of rochelle salts. Prof. Gross has never known violent inflammation, much less mortification, to supervene upon an operation of this kind.

It may be necessary at some future period to operate on this man again, but it is now quite certain that his limb will be saved.

There are two states of the system very prone to be followed by caries and necrosis, one the syphilitic, and the other the strumous. Caries is more apt to affect the articular extremities of the long bones, and what are called the short and broad bones, which are composed chiefly of areolar or soft tissues. Necrosis, on the contrary, is more liable to occur in the shafts of long bones, which perish readily from inflammation, not having in them much vitality, much capacity for resisting the encroachment of disease.

Chronic Dislocation of Elbow.

L. M., æt. 13. This patient was at the clinic two weeks ago, (vide p. 331), on account of dislocation of the elbow-joint, received last November. The symptoms are well marked, typical, viz., the cord like prominence of the triceps, the remarkable projection of the external condyle, the shortening of the distance between the bend of the arm and the wrist-joint, the difficulty of pronation and supination, and the unusual prominence of the olecranon process.

It is entirely too late to attempt reduction. There is nothing more easy than to reduce a dislocation of this joint of recent standing, and nothing more difficult after the expiration of a fortnight or three weeks; while it is utterly impossible after several months have elapsed. Prof. Gross has seen very many cases, and in the attempts at reduction which he has made after the expiration of three or four weeks, he has signally failed.

In this case, if the olecranon process could be broken subcutaneously, it would give a great deal of motion to the articulation. The olecranon process, in cases of this kind, is apt to become softened by the extension of inflammation from the synovial membrane to its substance, rendering it thus more brittle, and more easy to break by forcible flexion of the limb, than it would be in the natural state. But unfortunately the softening is not confined to the olecranon process. It sometimes affects the upper extremity of the ulna, beyond the olecranon, as well as the radius, when the dislocation involves both bones, and also extends to the condyles and lower extremity of the humerus, so as to render them liable to give way under forcible manipulation.

The boy was placed under the influence of chloroform, and forcible extension and flexion instituted, with the effect of bringing about greater latitude of motion, although the olecranon process was not fractured. Flexion was so far restored, that the forearm could be bent to nearly a right angle with the arm. A lotion of acetate of lead was ordered to be applied to the part.

Medical Societies.

MEDICAL SOCIETY OF WEST VIRGINIA.

The physicians of West Virginia met last month, at Fairmount, and formed a Medical Society for that State. A fair representation of the profession of the State was present.

The Constitution adopted prescribes the qualifications for membership to be (1) "graduating at a respectable school of medicine and a strict observance of medical ethics, without stain of charlatanism," or (2) "having attended but one full course of lectures and been in respectable practice for five years," or (3) "ten years of respectable practice and an examination by a committee of the society in the absence of lectures."

Wheeling is to be the next place of meeting.

The Committee on Nominations for permanent officers of the Society reported as follows:

For President—Dr. John Frissel, of Wheeling.

Vice-Presidents—Drs. Jesse Flowers, Mackey, and Lazzell.

Secretary—Dr. James E. Reeves.

Treasurer—Dr. J. C. Hupp.

Committee on Publication—The Secretary and Treasurer, with Drs. Brownfield, Weisel, and Shephard.

On motion, Drs. Brock, Campbell and Ramsey were elected delegates from this Society to the American Medical Association, which will meet in Cincinnati on the 7th day of May.

The Committee on Nominations nominated Drs. Manown, Mackey and Sharp as a committee to appoint two essayists for the semi-annual meeting in October next. The committee appointed as essayists, Drs. Lazzell and Brock.

On motion of Dr. Ramsey, the Committee on Publication was instructed to cause to be published, in pamphlet form, the proceedings of this meeting, together with the code of ethics of the American Medical Association; and also to have printed certificates of membership in the Society.

Dr. Campbell moved that the question, "Is the disease called progressive locomotor ataxy a distinct disease from general paralysis?" be made the subject of general discussion at the next meeting of the Society.

Dauphin Co. (Pa.) Medical Society.

At a recent meeting of the Dauphin County Medical Society, Drs. John Curwen, W. W. Rutherford, S. S. Schultz, R. A. Martin, H. O. Witman, S. Moore Finley, and H. W. Bishoff, were elected delegates to the State Medical Society, to be convened in June at Pittsburgh.

—— Dr James Rogers, of Lancaster, Pa. recently deceased, bequeathed $10,000 to the "Mayor, Aldermen and citizens of Lancaster, Pa.," the interest of which is to be expended in the improvement of the streets of that city, under the direction of the Mayor.

Editorial Department.

Periscope.

Viburnum Prunifolium in the Treatment of Threatened Abortion.

Dr. D. L. Phares of Newtonia, Miss., reports in the *Atlanta Med. and Surg. Journal*, his experience with the *viburnum prunifolium* in threatened abortion. He says:

This small tree grows in rich, dry woodlands from Florida to the Mississippi river, and northward. For description, see Chapman's "Flora of the Southern United States," and other works. The part used is the bark, ʒss to ʒj, in powder; infusion f.ʒss; or saturated tincture f ʒj.

It is nervine, antispasmodic, tonic, astringent, diuretic, and may be used to very good purpose in urinary affections, ophthalmia, aphthous sore mouth, chronic diarrhœa, dysentery, indolent ulcers, etc. It is an excellent remedy in colic, cramp, spasms, palpitation, and other affections incident to pregnancy, or arising from uterine disorder, and for after pains. But it is particularly valuable in preventing abortion and miscarriage, whether habitual or otherwise; whether threatened from accidental cause or criminal drugging.

It tones up the system, preventing or removing those harassing nervous symptoms that so often torment, wear down, and disqualify the pregnant woman for the parturient effort. It enables the system to resist the deleterious influences of drugs, so often used for the purpose of procuring abortion. It is well known, that the inner bark of the cotton root is used by many to induce miscarriage—one pint of the strong decoction being sufficient for this purpose. The regular exhibition of the viburnum completely neutralizes the effect of the gossypium, compelling the delinquent mother, however unwilling, to carry the fœtus to full term. Some farmers, on whose plantation I have used this medicine, and who have seen much of its effects on negro women who always managed to miscarry, declare their belief that no woman *can* possibly abort if compelled to use the viburnum. This may be claiming too much for it; but it has certainly prevented abortion in every case in which I have ordered it for the purpose. Negatively, miscarriage has never taken place, so far as I am informed, in any case in which this medicine was used as a preventive.

We give the notes of two or three, only, of his cases.

Case I. Mrs.—, widely known as an authoress, of very pale, delicate appearance, aged about 27, when some three months married, aborted, from injury received in leaping from the floor into bed. Once or twice subsequently, she aborted at the same stage of pregnancy; once, I learned, twins. In August she came under my care for severe intermittent fever; and, on 16th September, 1864, being again pregnant, she consulted me with a view to prevent abortion. I ordered tincture viburni, f.ʒj bis, *vel ter in die;* oft-

ener, when threatened, till the danger is passed. She continued going on well for more than three months after the usual time for her misfortunes, when, removing beyond my reach, I lost sight of her. Several times she had to use the medicine very freely. I think it was on the 6th of October, an artillery and cavalry fight took place near the house where she was boarding; her husband, wounded some time before this, was compelled to fly for safety; charges were made through the yard; a number of soldiers were killed about the place; the house was ransacked; and an old gentleman living with the family murdered; yet she passed safely through this time of excitement and trial.

Case II. In March, 1865, Mr. W. consulted me in regard to his wife. He said she had never gone to full term, but had had several children at the eighth month, all of them dying one month after birth. Frequent pregnancies and hemorrhages had seriously impaired her health, for improving which I ordered suitable remedies. To prevent premature parturition, she being again pregnant, I directed tincture viburnum. At the eighth month, as usual, labor commenced vigorously, with copious sanguineous discharge. Both were soon arrested by a free exhibition of the viburnum. She went on to full term, and gave birth to a healthy boy, who still survives at a year old.

Case III. Mrs. M.—, mother of several children, has, for several years, suffered much from dysmenorrhœa, leucorrhœa, hemorrhages, and abortions, and is pale, feeble, and despondent. I ordered iron by hydrogen, to improve the blood and nervous system, Fowler's arsenical solution, to check leucorrhœa and prevent hemorrhage, and tincture viburnum to allay uterine congestion, pain, irritation, and to tone up the reproductive organs. Some months afterward, March 2d, 1865, I was summoned in haste to see her. She was much improved every way, and supposed two or three months' pregnant. Two bodies of troops had been ordered to form a junction and prepare for battle, instantly, at a point a mile distant, but visible from the upper story of the dwelling. Running hastily up stairs to see the array, she was hurt; pains commenced, and, almost immediately, pretty free hemorrhage, which alarmed her excessively. A viburnum tree growing within a few paces of the house, I ordered infusion of the bark, which soon put a stop to both hemorrhage and contractions. On the 16th August following, before day, she was alarmed by the escape of liquor amnii, and I saw her early in the morning. As there was no pain, contractions, or other indications of labor, I left her. This was a small leak, and she informed me that labor had been brought on in a previous pregnancy by a similar leak. About dark of the next day, forty hours after the flow commenced, I again saw her, and at 11 P. M., delivered her of a healthy eight months child, which still survives.

—— Dr. L. D. Seymour, formerly a surgeon in the war, remains among the freedmen of the Hampton district, Va., doing acts of practical philanthropy.

New and Wonderful Discovery in Electricity.

Mr. H. Wilde, of Liverpool, has brought out a new discovery in electricity during the past year, which is described as exceedingly brilliant and important. He has found a method of producing electricity in quantities and intensity hitherto unknown, by the action of feeble electrical currents upon powerful magnets. His apparatus consists of six small permanent magnets weighing only a pound each, a ten-inch electro-magnet weighing three pounds (which accumulates and retains the developed electricity, on the same principle as an insulated submarine cable or the Leyden jar,) and an armature revolving within an iron cylinder at the rate of fifteen hundred turns a minute. The cylinder is about a foot long, and has a bore of two and a half inches; the armature which plays within it not touching the sides, is coiled about with insulated copper wire. It is from this armature, when the different parts of the apparatus have been connected and put into operation, that the electricity is evolved and the effects are produced.

This machinery evolves a light which rivals the sun in its dazzling luminousness, and surpasses that orb in taking photographs. At a distance of a quarter of a mile it throws shadows from the flames of street lamps upon a wall. Two photographers in England have set up the machines in their shops and now do all their copying and enlarging by the new electric light at night. The heating power of flame is so intense that it melts seven feet of no. 16 iron wire and heats to a red heat twenty-one feet of the same wire in an instant. The cost of the apparatus is small, the waste of materials trifling, and the expense of working light. For lighting streets, for lighting houses, and for illuminating public buildings the new discovery is far superior to gas, and there are probably various other purposes besides those already indicated, to which it may be devoted, if its properties are truthfully described.—*Boston Journal.*

A Lead Pill, and what came of it!

The coroner of the parish of Charlesbourg, near Quebec, held an inquest on 22d March on the body of one Nazaire Bedard of St. Pierre; who died on Sunday night, the 17th, of inflammation or rather gangrene of the intestines. This man had been under the medical charge and treatment of Dr. Rousseau, from the 11th, who had visited him and prescibed for him from the 11th to the 16th;—the day before he died. It appeared in evidence that on the 13th he was visited by a "quack" from Beauport, of the name of Legaré, who remained till next day, when about nine in the morning, the unfortunate victim swallowed a pill prescibed by him, consisting of a half ounce leaden bullet! Dr. Marsden, who conducted the *post mortem* examination, found the bullet in the cœcum, which was enormously distended and in a state of gangrene, as well as a portion of the colon. The intestinal canal throughout was highly inflamed, especially the ileum. Dr. Marsden gave it as his opinion that although the bullet was not the immediate cause of death, it had aggravated the symptoms

and somewhat hastened the fatal crisis. It was proved by the wife of the deceased that Legaré came very reluctantly to visit her husband and did not urge the swallowing of the bullet, but merely said he had given one to a man at Lorette, on whom it had acted by opening the bowels, and if Bedard chose to try it he might do so; and that deceased determined to take it, on his own responsibility. The jury returned the following verdict:

That the said Nazaire Bedard, on the 17th day of March instant, of gangrene of the intestines, did die; and jurors are of opinion that one Olivier Legaré of the parish of Charlesbourg is greatly to be blamed for having, on the 14th of of the said month, during the illness of the said Bedard, caused him to take and swallow a leaden bullet of over and above the weight of one half ounce, which leaden bullet may have accelerated his death.

Legaré who was present at the inquest, seemed deeply sensible of his situation and error; especially when the body was opened before him, and the injury exposed. After the rendering of the verdict, he addressed the Coroner in feeling terms, and stated that he was frequently compelled against his will (as he had been in the present case) to visit the sick; but that he had now received such a lesson as he would never forget; and nothing should again tempt him to commit the illegal and criminal act of practicing medicine without license.

Reviews and Book Notices.

Obstetrics; the Science and the Art. By Charles D. Meigs, M.D., Lately Professor of Midwifery and Diseases of Women and Children in Jefferson Medical College at Philadelphia, and one of the Physicians to the Lying-in Department of Pennsylvania Hospital; Member of the Society of Swedish Physicians at Stockholm; Corresponding Member of the Hunterian Society of London, etc., etc. Fifth Edition, Revised. With One Hundred and Thirty Illustrations. Philadelphia: Henry C. Lea, 1867. 8vo., pp. 760. *Price*, cloth, $5.50; sheep, $6.50.

To any one whose professional recollections of Philadelphia go back a quarter of a century, there is a personal as well as literary interest connected with the issue of another edition of this work of Doctor Meigs. We do not, in turning over its pages, feel at all in the mood for criticism. Rather, under the charm of its familiar style, we are inclined to give ourselves up to the unsophisticated admiration of student days; to hear the mellow voice and regard the graceful form of the Professor, in the amphitheatre, or by the bedside, as of old. We cannot, in such a presence, carp at, or question rigidly, the theory of the endangium, or that the nerve-mass is the animal, that puerperal fever is non-infectious, or that venesection is its cure. We are content to listen, and to reason another time; "sermons, and soda-water the day after." No better obstetrician, or more persuasive teacher, ever taught and practised in this city; and this is his Text-book. Four large editions of it have already been exhausted. We hope sincerely that its venerable author may be mistaken in anticipating that this will be its last.

Not attempting, as we have said, to criticise the book, it may simply be observed, that Dr. Meigs adheres, upon mooted points, essentially to his former teachings. Not ignoring recent discoveries by any means, as shown by his full adoption and appreciation of the doctrine of periodical ovulation, he is not satisfied that evidence exists which ought to change his mind upon any important subject.

Among the practical topics discussed, attention may be called briefly to that of the pathology and treatment of *placenta prævia*. The method of Drs. Radford and Simpson, is considered, and Dr. Meigs states his conclusion as follows:

"No person will ever be able to persuade me that it is either good physiology or sound practice to proceed in curing or rather in trying to cure placenta prævia by detaching the whole placenta, with an incomprehensible notion that to do so, is certainly to arrest the hæmorrhage, and that on the erroneous assumption that the blood in this condition runs out of the uterine vessels into certain hypothetical cells of the placenta, and from these cells into the womb or the vagina. I utterly deny the doctrine, and sincerely hope that the American student will reject it, which he cannot but do, if he will but receive proper views as to the structure and functions of the human placenta. With these opinions, I adhere to the long settled practice of turning and delivering by the feet in all cases of placenta prævia in which the indication is presented of emptying the womb as soon as it can be safely done."

As compared with the treatise of Dr. Hodge, Dr. Meigs' work has the especial advantage of being a moderate volume in size, convenient and portable. This must be especially appreciated by medical students.

Something about Small-pox.

Small-pox prevails in Providence and vicinity. —*Boston Journal.*

There has been only one case of small-pox in Providence for a year and a half, and that came here from Boston. There are probably more than one hundred cases in Boston, and the deaths have been from six to nine a week for some time past.

Does the small-pox *prevail* in Boston?—*Providence Journal.*

Medical and Surgical Reporter.

PHILADELPHIA, MAY 4, 1867.

S. W. BUTLER, M.D., & D. G. BRINTON, M.D., *Editors.*

THE INTERNATIONAL MEDICAL CONGRESS AT PARIS.

The International Medical Congress will be opened at Paris on the 16th of August next. The Central Committee earnestly desire an active participation in the Congress on the part of Medical Societies from all parts of the world, by sending delegates to represent them.

By the third article of the Statutes, foreign delegates are admitted without any pecuniary consideration.

The undersigned having been appointed a Corresponding Delegate by the Central Committee at Paris, would urge upon Medical Societies the propriety of appointing delegates to the Congress as speedily as practicable, and reporting them to him, that he may forward them as early as possible to the Central Committee.

S. W. Butler, M.D.,
Philadelphia, Pa,
Corresponding Delegate.

☞ Medical Journals please copy.

NEW EDITORIAL ARRANGEMENTS.

The business of this office is increasing so rapidly, and its interests have become so varied and extensive, that it is impossible for a single person to do justice to both the editorial and business departments. For nearly seventeen years we have, with but occasional intermissions, borne the whole business and editorial responsibilities of the work, and it now seems necessary to share them with another. To this end we have associated with us in the management of the Reporter, and the *Commission Agency* attached to it, Dr. Daniel G. Brinton, formerly Surgeon and Brevet Lieut.-Col. U. S. Vols. In forming this association, we feel that we have added strength and vitality to an enterprise which has become to us a life-work, and we can promise our readers an improvement in the literary excellence of the Reporter, and more prompt attention to all its business departments. The firm name hereafter will be Butler & Brinton.

AMERICAN MEDICAL ASSOCIATION.

One of the principal topics of discussion at the meeting of the American Medical Association which convenes on Tuesday next at Cincinnati, will probably be the subject of medical education. Prior to the convening of the Association, a meeting of representatives of the medical colleges will be held, which, it is to be hoped, will be able to agree upon some definite plan of united action for the elevation of medical teaching in this country. It is incumbent upon the leading colleges in all parts of the country to adopt more uniformity in regard to the general plan of instruction, the time devoted to didactic, demonstrative, and clinical teaching, and in reference to fees. The too prevalent system of underbidding, both in requirements and fees, in order to obtain students, should be energetically discountenanced in the Association.

It is greatly to be regretted, that the illiberal action and narrow policy pursued by some of the railway lines, especially the grand trunk lines connecting the Atlantic States with the great central valley, will tend to somewhat diminish the representation, especially from the eastern section of the country. Still there should be a large representation from the western and southern States, and we doubt not the number will reach five hundred.

SURGEON ABADIE, U. S. A.

We are at a loss to understand what *reason* influenced the Congress of the United States in rejecting the nomination of this meritorious officer for promotion. The *excuse* we believe, was, that one promotion—that of Surgeon Sutherland—had already been made from Pennsylvania, the State from which Surgeon Abadie had been appointed. Men who have faithfully served their country for thirty years, and whose chances of promotion are so rare as those of surgeons, are not so plentiful we should think, that there need have been any hesitancy in this matter. Unless there are strong reasons to justify a persistence in this singular treatment of an old and faithful officer, we shall hope that the Senate will yet recede from its late action. Men who have not served their country half as long and half as faithfully, have had promotion thrust upon them, for which it would be hard to give either reason or excuse.

The *Army and Navy Journal* in speaking of this subject says:

The rejection of Surgeon Abadie seems rather hard. He had served in the army thirty years, and was full surgeon when the new grade of medical purveyor was made, for the necessities of the late war. For this office he (as likewise Surgeon Sutherland) was selected, in compliment to his merit and long experience, and accepting it, the vacancy he left in the surgeons' list was filled. But now the Senate has rejected his nomination for promotion in the army as medical purveyor. That seems a harsh return for thirty years of service. It is offering promotion to take away one's livelihood, raising the higher to let the fall be greater. The Senate acted on full knowledge, however, of these facts, they being set forth in a special letter of recommendation from General

Grant, and a note from Secretary Stanton, printed together with the nomination.

THE LATE PROF. J. M. ALLEN, M. D.

The subject of the following obituary notice, which is compiled from some remarks made at the funeral by Rev. W. M. Harding, was well known and highly respected in this city, where, for a long time, he was engaged in teaching medicine. He was a very able and popular lecturer.

Dr. J. M. Allen was born in Princeton, Massachusetts, in the year 1815, and, in early life, enjoyed the advantages of a common school education in that quiet agricultural town. Having a great thirst for knowledge, he fitted for college at Amherst Academy, and entered Yale College in 1834. In 1838 he came to Philadelphia, to prosecute medical studies and attend lectures. In 1840 he graduated at the University of Pennsylvania, and immediately became a teacher and lecturer on Anatomy, connected with a private institution, where for years he had constantly over a hundred medical students under his instruction. Afterward he occupied for several years the place of Demonstrator of Anatomy in the Jefferson Medical College, and from there he passed to the Professorship of Anatomy and Physiology in the Pennsylvania Medical College, which post he held seven or eight years.

During this time he prepared and published the *American Medical Dissector*, a work of merit, which is used as a text-book by medical students throughout the country. Close and continued application to professional duties, as well as to scientific and literary pursuits, broke down his health, and compelled him to suspend his labors. At this time he had a severe and lingering fit of sickness, from which his constitution never fully recovered. Some six or seven years ago he went to New England to visit his friends and recruit his health, making Lowell, Mass., mainly his home. On account of his feeble state of health, he avoided all public labors and medical practice, except what incidentally came into his hands, and most of this was a gratuitous service for the poor, for whom his sympathies were always warmly enlisted, and by none, (except his family and relatives), will he be so much missed, or so long remembered, as by this class. There he was but little known, except to a few individuals and families, who casually made his acquaintance or sought his professional advice. Being himself an invalid, he sought a quiet and retired course of life. April first, being a very rainy day, he took cold, resulting in congestion of the lungs, which, with organic disease of the heart and liver, in a constitution already enfeebled, afforded a very small chance of recovery. He was confined to his room only three days.

Dr. Allen possessed talents of a high order, and was distinguished as a scholar from his boyhood. He was particularly fond of the natural sciences, and was a student of nature in all its aspects. As his attention was turned to the medical profession, he determined to lay a broad and deep foundation in a thorough practical knowledge of anatomy and physiology. It is doubtful whether any young man in the country, cotemporary with him, equalled or surpassed him in so definite and complete a knowledge of these sciences, as well as in pathology. In the course of his studies he examined over 1600 bodies after death, and during the fifteen years in which he was connected with some medical school in this city, there came under his instruction over two thousand medical students. He had a wonderful faculty of securing their confidence and respect, as well as inspiring an enthusiasm in their studies and prospective pursuits. Another marked feature in the character of the deceased was modesty—a peculiar sensitiveness; a retiring disposition; never presumptuous or officious; always seeking to promote the happiness and honor of others, and exceedingly careful not to injure the feelings of any one, no matter how humble, poor, or obscure the individual might be. He never praised himself; when surrounded by admirers and on the high road to distinction, he was never elated or puffed up, and scarcely ever in public or private discourse did he refer to his own labors or attainments. In many respects he was like a child; simple minded; of honest intentions; distrustful of self, laboring for the comfort, welfare, and reputation of others. He had a mind of great originality and independence,—investigating all subjects for himself, and forming his own opinions, without calling any one master. His standard of excellence was high. Into all moral and religious subjects he carried the same original and independent thinking. The Bible, especially the New Testament, was his constant companion, and no man has had more exalted views of Christ and his mission.

Dr. Allen not only excelled in medical sciences but was a student well versed in literature, philosophy, and history. Had his life and health been spared, the world would have been benefited by his labors and influence. His death is therefore a loss not only to his friends and relatives, but to the world generally.

Notes and Comments.

A New Hospital for the Insane in Ohio.

Provision has been made for the erection of a new hospital for the insane in Ohio, and trustees appointed to locate it.

The principal competing points for the Institution are Zanesville, Chillicothe, Athens and Marietta. The trustees are visiting those points.

Ohio has now four state institutions for the insane, and in making provision for a fifth, she shows a liberality which it would be well if some other States would imitate.

An act passed one branch of the Pennsylvania Legislature at its last session unanimously, establishing another, and a much needed institution in this State, and there were known to be but four votes against it in the other branch, yet it was defeated in the last hours of the session on technical grounds, by the contumacy of one individual.

"Why Not? A Book for Every Woman."

We are glad to see that a second edition of this little work of Dr. Storer's is already called for. It should be freely circulated, in order to check, if possible, the terrible frequency with which the horrible crime of child-murder is committed.

The book is well received by the profession and the public, and there is every indication that it is accomplishing a good work.

☞ The Baltimore and Ohio Railroad Company has made a liberal arrangement by which physicians desiring to attend the Medical Convention at Cincinnati on the 7th of May, can obtain round-trip tickets at half the price of the regular fare.

Quadruple Birth.

A Missouri paper contains an account of a quadruple birth. It says under date of April 2d—being a *second* of April story, it may be true.

Mrs. Waters, wife of Mr. James Waters, living in Bonne Femme Bottom, below Burlington, in Boone County, was last night delivered of four boys at a birth, weighing six pounds each, all alive and kicking, and it wasn't a very good night for boys either! Drs. Rothwell of Burlington and Whitaker of Marion were in attendance. She had previously had six boys at three births, and has now had six boys in less than one year.

—— The Health Officer at San Francisco recently certified that a certain child "died stillborn, one day old."

That Health Officer has a pretty "fair average" of intelligence of these officials!

Correspondence.

DOMESTIC.

Cases of Trichiniasis.

Editor Med. and Surg. Reporter.

The following cases of trichiniasis which have been under my care the past six weeks, I beg leave to report to the medical profession through your journal.

Of eight persons who were attacked with the disease, only five were under treatment. These five were all members of the same family.

One of the other three, an old man of sixty, had the same symptoms, but so mildly as to not demand medical assistance. The other two, a gentleman and lady, were visitors, and ate of the raw ham but once, but were seriously ill afterwards, the lady dangerously so.

The first case was the father, aged 51, a man of sanguine bilious temperament and a free liver, and as his case was a type of all the others, I will give in detail the history and symptoms as I observed them, and relate of the other cases only the special variations.

My first visit was March 2d, at which time I learned the following history: that he was first attacked on the Monday previous (Feb. 25,) at night, with violent pain in his neck and extending into his head, a dry hot skin, sleeplessness, and great nervous excitement; that he had taken some domestic remedies and an emetic ere I was called, but without benefit, and that he then was nauseated, had vomited and purged a mucus slimy, and bright yellow substance freely. There was also great pain in the head, suffusion of the eyes, chemosis, the conjunctivæ much congested, œdema of the eyelids, pain in the bowels, tenesmus, pulse 160, rigidity of the muscles and acute pain in them when exercised, and "distress" in all parts of the body.

If the limbs were flexed, the flexor muscles might be handled without pain, but if extended, portions of them would be very sensitive under pressure.

A gradual change took place, more marked about the fourth day after the acme of the above symptoms. The œdema of the face changed to the extremities; the urine was voided in large excess; there was profuse perspiration, difficult deglutition, slight deafness, and great exhaustion, All the females menstruated out of their due season.

About the twelfth day from the first manifestation of symptoms, there was a gradual ameliora-

tion of all symptoms, and which has continued to the present time, with one exception, a return of diarrhœa, which in father and son commenced about the fifth of April, and is still persistent.

On March 2d, a son aged 20, was taken with the same symptoms as the father, but complained more of chilliness and pains in the lower extremities, while in other respects the symptoms were less active.

On March 7th, a daughter aged fifteen was attacked. She was confined to her bed about a week, but the symptoms were less active than father or mother.

On March 9th, the mother, aged 37, "gave up, having felt for a week distressed all over." She was more seriously ill than either of the others, and longer under treatment, excepting another daughter, aged seventeen, attacked March 10th, and who died March 25th, fifteen days afterward. This case was marked from the others only by more exhaustion. There was slight delirium the day she died, and some three hours before death, she passed into a quiet sleep from which she never awoke.

Of the treatment there is but little to be said. At first, supposing that the alimentary canal was irritated by offending substances, I gave cathartics, and because of the nervous exhaustion, stimulants and tonics.

The endemic character of the cases, and want of prompt relief from the treatment, led to further investigations, and the eating of raw ham by all the parties, suggested trichina as the poison.

Drs. STEBBINS and GARDNER made a chemical and microscopical analysis of the urine without discovering any change in its constituents.

Dr. GARDNER was called in counsel to see Mrs. H., (the mother,) and at the same time, removed a portion of the peroneus longus muscle from the left leg of the girl who died the day previous.

At this time I was giving gr. 24 of quinine, and the same of am. cit. of iron; also beef tea, milk, and whisky, to the mother, and a slight omission of the regular quantity would be followed with coldness of the extremities, and apparent exhaustion.

Microscopical examination of the muscle revealed large numbers of free trichina, as many as — to a cubic inch. Many were alive, even to the fifth day after removal of the muscle from the limb, and none were discovered encysted. The examination was made by Drs. CALKINS, GARDNER, and myself, and by several microscopic experts of this city. A portion was sent to Prof. HITCHCOCK, of Amherst, who also found them in large quantities.

Several others, not under my care, but well authenticated cases, have also occurred here, and a portion of the ham eaten, owned by the parties, has been examined, and in it were found the encysted trichina in large numbers.

As the whole ham was eaten, either raw or cooked, which infested the above cases under my care, no corroborative evidence could be gained from this source, if it had been needed.

The history, as far so it could be given, was, that about the 14th of February the family commenced eating the raw ham, a little each day,—that it was purchased at a neighboring grocery, and the proprietor thinks it might be one raised in this vicinity, and which he cured.

Mrs. H. ate only once, and then quite heartily, on Monday, February 25th; at the same time the daughter who died, ate a hearty meal. No hearty meals were eaten by the others.

The old gentleman who kept around, ate but very little. J. HOOKER, M. D.

The Status of Women-Physicians.

EDITOR MEDICAL AND SURGICAL REPORTER:

I have read with surprise the preamble and resolution adopted by the Philadelphia County Medical Society, and published in the MEDICAL AND SURGICAL REPORTER of the 6th ult., in reference to the status of women-physicians; and as a subscriber to the REPORTER, and one personally interested in the bearing of that decision, I trust I may be permitted, through the same channel, to examine the arguments which support the resolution.

Although shrinking from all controversy, and seeking the quiet path of duty, the time has come when fidelity to a great cause seems to demand that I should speak for myself and for the women with whom I am associated in this movement, and give a reason for the course we are pursuing.

The "very grave objections to women taking on themselves the heavy duties and responsibilities of the profession" appear to be based, in the *first* place, upon the assumption that they do not possess the "ability to bear up under the bodily and mental strain to which they would be unceasingly subjected in this new vocation;" in the *second*, upon the presumed incompatibility of professional practice with the best home influence of the woman and the duties of the mother; in the *third* place, upon the collision and practical difficulties that might arise if different members of the same family should employ two physicians—a man and a woman; and *lastly*, the objections are made upon the ground of the

equivocal effect of medical consultations upon the modesty and delicacy of feeling of those who may thus meet; and also upon the fact, that "in no other country but our own is a body of women authorized to engage in the general practice of medicine."

In regard to the first difficulty, few words need be expended. Pausing merely to allude to the fact, that in barbarous communities women is preëminently the laborious drudge, and that in civilized society she is the *nurse*, keeping her unceasing vigils, not only by the cradle of infancy, but by every bed of sickness and suffering, with a power of sustained endurance that man does not even claim to possess, that her life is as long and her power of surmounting its painful vicissitudes not inferior to his, we come to the open undeniable fact, that women *do* practise medicine; that they *are* able "to bear up under the bodily and mental strain" that this practice imposes, and that "natural obstacles" have not obstructed their way.

There are in this city women who have been engaged in the practice of medicine a dozen years, who to-day have more vigor and power of endurance than they possessed in the beginning of their career; and the fact of "their delicate organization and predominance of the nervous system," combined with their "trained self-command," is the very reason that in some cases their counsel has been preferred to that of the more robust man.

The *second* objection, bearing upon the home influence of woman, has certainly another side.

Probably more than half the women of this city and country are under the stern necessity of supporting themselves by their own exertions. Some mothers leave their young children day by day and go out to labor, in order to be able to bring them bread at night; others sew away their strength for the pittance which barely keeps famine from their doors, and, exhausted with their labors, they are indeed not in "a fit frame of mind to interchange endearments with their beloved little ones," nor can they, even with the price of life itself, surround them with the home influences and comforts needful to their healthful and harmonious development.

If the woman who has studied medicine should be surrounded by a family of young children, we should surely regard it as a misfortune if the same overpowering necessity should compel her to follow an active practice during the period that these heavy maternal claims were pressing upon her; although, even then, her duties would be less exhausting, and her time less continuously occupied than are hers who supports her family by sewing or washing.

But although the mother may not actively exercise her profession, the knowledge of preventive medicine which she possesses, will surely aid her in training her children in accordance with those hygienic rules which are now so sadly neglected in families, and will not detract from that pure, sweet, "home influence" which is the safeguard of the happiness and integrity of society.

We know of quite a number of medical women, who, in consequence of the remunerations of their practice, have been able to make themselves the centres of happy homes, which otherwise they could not have done; and some of these, in their thanksgivings for the daily interests and enjoyments of their lives, count it among their deepest blessings that they have been enabled to pursue a course which so richly satisfies their womanly sympathies and affections, as well as gives scope to their intellectual cravings and powers.

The *third* objection, in regard to collisions and "heart-burnings," could scarcely apply to high-toned physicians who know what belongs to the proprieties of their position. The danger would seem to be equally imminent if the medical advisers were both of the same sex, and yet we all know that it is quite common in this city for more than one practitioner to attend the different members of the same family—one being preferred for his supposed skill in one class of cases, another for his superior reputation in another class—and we have yet to learn that injurious results follow this proximity of practitioners.

The natural tendency would seem to be to foster care and research; and if mutual observation of the results of treatment should occasionally suggest improved methods and break up old, sluggish routine in either party, the profession and the community will surely be gainers by this mutual stimulus.

The objection upon the ground of the invasion of delicacy in examining questions of disease and treatment is indeed an astonishing one, to come from a body of scientific and right-minded physicians. Who are the patients treated by these men? Often women—the sensitive and refined. The whole nature of the malady must be investigated and the means of recovery enforced. If, as frequently happens, to save the shrinking sensitiveness of the young woman, some tender experienced mother or elder friend informs the physician of the symptoms and conveys to the

patient his conclusions, she, for the time, performs the part of the attending physician in reference to the consulting one; yet who will dare assert that her womanly modesty is compromised, or that "the delicate reserve with which" a man "is accustomed to address women in the sick-room" is injuriously affected by this necessary and humane intervention?

Among the motives which have contributed to the support of this movement, that of shielding the sensibilities of shrinking women has not been the least.

Men opposed to the medical education of women have, in some cases, changed their views when the subject has been brought home to their feelings in the person of some beloved member of their own families, and they have appreciated the mental suffering which the dread of medical investigation has caused. Physicians, too,—the father, husband, and brother,—have asked our counsel in the cases of those dearest to them; and they have asked it because we were women, and as such, they believed we might elicit the cause of suffering and apply the means of relief, as they had not been successful in doing.

But leaving these special points, there are broad, general grounds upon which, as physicians, and as women, we stand, and appeal from the resolution of the Philadelphia County Society to the better judgment of true-hearted professional men.

When once it is admitted that women have souls, and that they are accountable to God for the uses of the powers which He has given them, then the exercise of their own judgment and conscience in reference to these uses, becomes a thing which they cannot, rightfully, yield to any human tribunal.

As responsible beings, who must abide by the consequences of our course for time and for eternity, we have decided for ourselves that the study and practice of medicine are proper, womanly, and adapted to our mental, moral, and physical constitution.

We will scarcely be charged with presumption in supposing that our instincts may be as pure, our intuitions as clear, our sense of what is right and fitting for ourselves as reliable, as are those of the men who condemn our course.

We are sustained by the approval and sympathy of the best men and women—by the moral sentiment of the general community.

We feel, and society feels, that we are not usurping the place of men, but, taking a position in the broad field of medicine, which appropriately belongs to woman; we shall enlarge the sphere of professional usefulness, and contribute to the knowledge which shall bless the race. The names of those who support our Hospital and College are largely the names of those of whom Philadelphia is justly proud as representatives of her intelligence, respectability, and moral worth.

That we have not had the means of acquiring medical knowledge, is a charge that, it seems to us, should hardly come from those who have systematically closed hospitals and colleges against our applications for admission, and who have endeavored to prevent the members of their fraternity from assisting us in our struggle for knowledge.

That we have stemmed this tide of opposition, and found opportunities for obtaining medical instruction—some in other cities, and across the ocean, some by persevering and long continued efforts in various ways at home; that we have found noble men in the profession to assist us, and that we have been able to found hospitals, and open various channels for practical instruction—*is due to the inherent vitality of our cause*, and its strong hold upon the sympathies and convictions of the community.

That we have not yet all the facilities for instruction that are needed, we are fully aware.

That "there are female graduates who are a disgrace to the medical profession," we also know too well; for the sake of humanity we would that we could truly add, that the graduates who disgrace the profession are found *only* among women!

From the nature of the relation of physicians to society, not more than one man in hundreds follows medicine as a profession, and the proportion of women, under the most favoring circumstances, will probably not be greater; but the systematic training, and the knowledge of physiological functions, and hygienic conditions involved in a thorough medical education for the few, will, we believe, be reflected in many homes, and be one of the means of radically changing that mistaken plan of education, and those destructive social customs, and habits, which are now undermining the health, and darkening the lives of so many of the women of this country.

If it be true that "in no other country than our own is a body of women authorized to engage in the general practice of medicine," the fact is no more an argument against its propriety than is the fact that in no other country are the rights of the people so acknowledged and secured, an argument against the propriety of republican institutions.

We regard this movement as belonging to the advancing civilization of the age—as the inevitable result of that progressive spirit which is unfolding human capabilities in many directions, and which has perceived that it is the condition of the highest health and happiness for woman, that she, also, should exercise the powers with which she has been endowed, in accordance with her own convictions and feelings, and in harmony with her nature and organization.

That our position is womanly—that this work is established in the fitness of things, and in the necessities of society, and that the movement belongs to the "revolutions which never go backward," we have no shadow of doubt.

For us it is the post of restful duty—the place assigned to us, as we believe, in the order of Providence, and we can do no other than maintain it.

But on behalf of a little band of true-hearted young women who are just entering the profession, and from whose pathway we fain would see annoyances and impediments removed, we must protest. in the sacred name of our common humanity, against the injustice which places difficulties in our way, not because we are ignorant, or pretentious, or incompetent, or unmindful of the code of medical or Christian ethics, but because we are women.

Ann Preston, M. D.

Philadelphia, April 22, 1867.

News and Miscellany.

ARMY AND NAVY.

ARMY.

The following changes are announced.

Surgeon B A. Clements has been transferred from the Department of the East to the Department of Dakota. Surgeon C. H. Alden, and Assistant Surgeon G. M. McGill, transferred from Department of the East to the Department of Missouri. Assistant Surgeon Ely McClellan, transferred from Department of the East to District of New Mexico. Assistant Surgeon W. R. Ramsey, transferred from Department of the East to the Department of the Platte. Assistant-Surgeons Samuel Adams and Henry McElderry, transferred from Department of the East to District of Texas.

Assistant-Surgeon C. R. Greenleaf, assigned with Examining Board at Louisville to relieve Surgeon Lewis Taylor.

MEDICAL SOCIETY OF NEW JERSEY.

The next Annual Meeting of the Medical Society of New Jersey will be held in the City Hall Buildings at Newark, on the fourth Tuesday of May, (the 28th,) at half-past 7 o'clock, P. M.

WM. PIERSON, Jr.,
Recording Secretary.

Orange, N. J., April 26, 1867. 530—t.f.

MARRIED.

Croll—Trexler.—April 23d, 1867, at the residence of the bride's parents, by Rev. E. W. Hutter. D. D., Rev. Alfred D. Croll, Lutheran Minister, of Lyons, Pa., and Miss Alice C., second daughter of Dr. Lesher Trexler, of Long Swamp, Berks co., Pa.

Davis—Smith. Clutter—Smith.—By the Rev, Gary Hickman, March 28th, at the residence of Dr. J P. Smith, Geary, Kan., Mr. C. D. Davis, of Philadelphia, Pa., and Miss M. Hattie Smith. Also at the same time, Lieut. A. A. Clutter and Miss Kettie V. Smith.

DeGraff—Veeder.—In Guilderland, Albany co., N. Y., at the residence of the bride's father, April 24, by the Rev. J. Bailie Adams, Abram DeGraff, M. D., and Miss Mary Frances Veeder.

Farrington—Barry.—At St. Andrew's Church, Harlem, April 23, by the Rev. Wm. G. Farrington, J. Oakley Farrington, M. D., and Henrietta Barry, daughter of John Barry, Esq., of Mott Haven, N. Y.

Hopkins—Johnson.—April 16th, in Downingtown, Pa., at the Central Presbyterian Church, by the Rev. Matthew Newkirk, Jr., Dr. E. Hopkins, Jr., of Baltimore, Md., and Miss Chellie M. Johnson, of West Chester, Pa.

Hosmer—Breck.—In Newton Corner, Mass., April 16th, by Rev. E. E. Strong, of Waltham, Charles E. Hosmer, M. D., of Bedford, Mass., and Miss Sarah E. Breck, of Newton.

Hurley—Graham.—By Rev. Geo. McDonald, March 27th, at the home of the bride's mother, Mr James M. Hurley, Surgeon U. S. Army, and Miss Jane Graham, of Powhatan, Ohio.

Palmer—Fillmore.—At Broadway Church, Norwich, Conn., March 20th, 1867, by Rev. M. M. G. Dana, Dr C. N. Palmer, of Lockport, N. Y., and Miss Sarah R., daughter of J. B. Fillmore, of Norwich, Conn.

Simmons—Pilling,—In this city, April 24, 1867, at the Church of the Intercessor, by Rev. W. J, Barnham, Dr. J. R. Simmons, of Americus, Ga., and Miss Addie Pilling, of Philadelphia, daughter of Ellis Pilling, Esq., and grand-daughter of the late Dr Joseph DePuy.

Sparrow—Edwards.—April 9, by the Rev. Dr. Bolles, of Boston, Orson C. Sparrow, M. D., of Brooklyn, N. Y., and Miss Sarah M. Edwards, of Norwich, daughter of Lewis Edwards, Esq.

Sutton—McCullough.—At the residence of the bride's father, in Canonsburg, Pa., April 17th, 1867, by Rev. R. F. Wilson, assisted by Rev. D. H. Barron, Dr. R. S. Sutton, late of this city, now of Pittsburgh, and Miss Josie, youngest daughter of James McCu lough, Esq.

Young—Bicknell.—On Tuesday, April 23d, 1867, at the Church of the New Testament, in this city, by Rev, Thos. H. Stockton, pastor, Geo. B. Young, M. D., and Emily A., daughter of Dr. Rufus Bicknell, of West Philadelphia.

DIED.

Carroll.—At the quarters of the 1st U. S. Infantry, Jackson Barracks, New Orleans, La., on the 23d of April, 1867, of consumption, Acting Assistant Surgeon Thomas Carroll, U, S. Army, aged 29 years. Late of No. 617 South Sixteenth Street, Philadelphia, Pa., formerly on duty at Mount Pleasant U. S. General Hospital, Washington, D.C., and McClellan, U.S. General Hospital, Philadelphia. Remains forwarded to Keene, Ohio, for interment.

Emlen.—In this city, April 27th, Ann A., wife of Dr. J. V. Emlen.

Jones.—In New York, April 25th, of pneumonia, Silas Jones, M. D., æt. 68 years.

METEOROLOGY.

April,	15,	16,	17,	18,	19,	20,	21.
Wind.....	S. W.	S. W.	N.	N.	S. W.	S.	S.W.
Weather....	Cl'dy. High winds	Cl'dy Rain.	Clear.	Clear.	Clear. Frost & ice.	Cl'dy, Sh'r.	Clear.
Depth Rain..		9-10				1-10	
Thermometer.							
Minimum.....	42°	52°	50°	40°	35°	44°	48°
At 8, A. M.....	56	58	57	43	45	56	58
At 12, M.....	70	61	61	58	58	68	66
At 3, P. M.....	71	63	62	60	59	65	67
Mean.....	59.75	58.50	57.50	52.75	49.25	58 25	59.75
Barometer.							
At 12, M.....	30.2	29.6	29.8	30.2	30.3	30.1	29.9

Germantown, Pa. B. J. Leedom.

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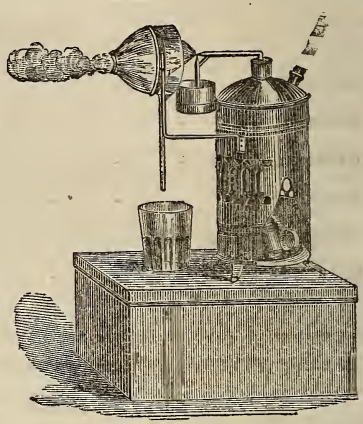

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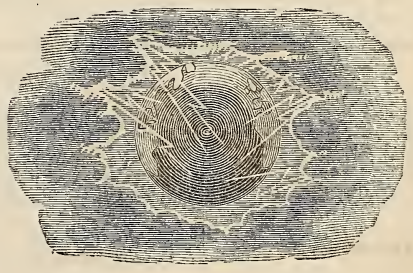

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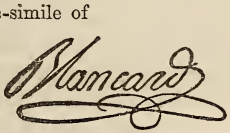

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	Cod liver Extract.		*Cod-liver Oil.*	
Oily Acids and Glycerine		none		95.967
chthyoglyceine	50.000		none	
Propylamine	2.545		none	
Acetic, Lactic, and Butyric Acids	6.600		.120	
Extractive (undetermined)				
Gaduin etc	10.620		.318	
Non-oleaginous Organic Constituents		69.165		.438
Phosphorus and Phos. Acid	2.090		.113	
Sulphur and Sulphuric Acid	.200		. 71	
Iodine	.154		. 37	
Chlorine with trace Bromine	1.525		.149	
Soda	1.170		. 55	
Magnesia	.366		. 9	
Lime	.510		.152	
Potash	.211		none	
Ammonia	2.862		none	
Inorganic Constituents		8.938		.586
Water and Loss		21,747		3.009
		100 000		100.000

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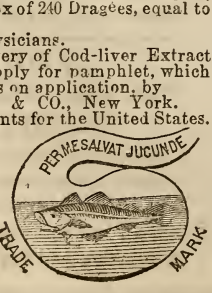

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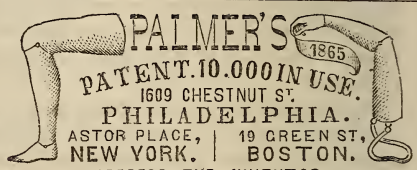

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MEDICAL AND SURGICAL REPORTER.

No. 532] PHILADELPHIA, MAY 11, 1867. [Vol. XVI.—No. 19.

Original Department.

Communications.

EXTRA-UTERINE FŒTATION.

By Stephen Rogers, M. D.,

(Being an abstract of a paper read before the New York Journal Association, under the following title: "Extra-uterine fœtation and gestation, and the early signs which characterize it; signs of the fatal hæmorrhage into the peritoneal cavity in which it usually terminates; suggestions for the positive diagnosis of this fatal condition; and a plea for the treatment indicated in it, with the view of saving the life of the woman.")

[Reported for the Med. and Surg. Reporter, by H. S. Belden, M. D.]

This subject has already been introduced to the profession of this city on one or two occasions, particularly at the Pathological Society. Having my attention called to it in an accidental way, I have been engaged in the study of it more or less for two or three months, and the material has accumulated with the advance of the investigation, so that the idea of reading all I have collected is out of the question. I propose, therefore, to simply read a few paragraphs from a paper which I am preparing upon this subject, and then to illustrate them by a few cases and the specimens which have fallen in my way.

To sum up the symptoms of extra-uterine fœtation, we have first to take those of ordinary pregnancy; because they are not generally departed from until about the fourth to the sixth week; then, if it be of the *tubal* variety, paroxysms of hypogastric colicky pains, usually referred to one side or the other, appear, recurring at varying intervals, not unfrequently attended by nausea, a feeling of exhaustion, to more or less extent, torpidity of the bowels, and occasionally by vesical and rectal tenesmus. In a great per centage of the cases, a sanguinolent, clotty, and shreddy discharge from the uterus soon follows or appears simultaneously with the pain, and, when present, is a sign of great significance, generally taken to mean an abortion or return of the menstruation, but unlike both. The uterus is somewhat enlarged and there is a marked tenderness over one or the other iliac region. If it be ovarian, however, or if the fœtus be fixed beyond the narrow portions of the tube, the colicky pains are more likely to be absent, while the remaining signs are the same.

Dr. Campbell, who has written one of the most elaborate works upon the subject, states, that "these sanguinolent discharges are incident to all the varieties of these gestations, and are especially liable to appear during the paroxysms of uterine excitement which accompany the efforts which are from time to time renewed for the emancipation of the fœtus, an excitement marked by these abdominal pains of a colicky or parturient character." This is especially true of the tubal variety, according to his observation. This discharge, therefore, is often the result of uterine contraction from sympathy between the uterus and fœtal cyst, stimulated by the contractions of the latter.

With a knowlege of the significance of these signs, we see no reason for Dr. Meigs' belief, that "tubal pregnancy will never be suspected until it has burst and begun to bleed." These signs are certainly enough to lead to suspicion; and a woman who has been exposed to the liability of becoming pregnant, has passed the sixth week after exposure, without the appearance of the menses, and then begins to suffer hypogastric colic pains, particularly if recurrent, and especially when the rational signs of pregnancy have appeared, is to be regarded as in a dangerous condition, presenting, as she does, great probability that extra-uterine pregnancy exists. If it turn out to be otherwise, the mistake is an innocent one; but if the diagnosis be verified, it may lead to important results. If the patient is so fortunate as to pass on to the fourth month, another important sign besides the sanguinolent discharge from the vagina—movements of the child—renders the diagnosis as positive as anything in medicine.

These symptoms having manifested themselves, and the attention of the physician having been attracted by them, he need be in no doubt as to their meaning, and the existence of extra-uterine pregnancy. We cannot, therefore, agree with Dr. Meigs, when he says that these signs may be

expressions of the affections of the uterus, perforation of the bowel, or fatal typhlitis calculosa, as these affections have entirely distinct antecedents. When, therefore, the symptoms pointed out have existed for a period of time, and the patient, in the course of one of these colicky pains, or without it, suddenly experiences an acute pain in the right or left hypogastric region, followed by depression, sickness of the stomach, and collapse, by sighing, a tendency to syncope, a feebleness or disappearance of the pulse; and if to these are added an evident enlargement of the abdomen, with dulness upon percussion over the more depending portions of the abdomen, and fluctuation; a bloody discharge from the vagina, and dysuria; it is beyond a rational doubt certain, that the fœtal sac has ruptured, and that hæmorrhage is taking place into the peritoneal cavity.

While Dr. Meigs doubts if tubal pregnancy would ever be suspected before bleeding commences, he admits that when a woman shall have experienced all the regular signs of pregnancy up to the middle of the second or third month, and then shall be seized with terrible pains in the hypogastrium and pelvis, turn pale, and loose the pulse, he should suspect rupture of the tube-sac of an extra-uterine fœtus. He then states, that if these signs continue until death becomes imminent, this is the only possible diagnosis. But if a doubt should still linger in the mind of the physician as to whether the supposed rupture of the fœtal sac is pouring out its blood into the cavity of the abdomen, I advise him to resort to the simple and almost perfectly innocent measure of introducing the trocar into the abdominal cavity. The diagnosis thus made out, he is now to decide upon the indications for medical and other measures of treatment.

Having made a statement of the main symptoms to illustrate their truthfulness, I will read a few cases that have occurred among practitioners of my acquaintance.

The first case is one which occurred in the practice of one of my neighbors last September. The patient was a multipara, æt. 30. She had suffered with what had been diagnosticated colic for a year or more; which pain had been referred to the right hypochondriac region. The patient used to declare that she could feel a tumor at the seat of pain, though the physician never could. She also suffered from ovarian disease during a part of this period. During the early part of 1866, she was very little troubled with the colic, except when torpidity of the bowels occurred. She suffered some irregularities of menstruation; but during April, May, and June, she remarked that she was excessively regular, her period returning every three weeks. Her last menstruation took place in July. In August she began to feel a sickness at the stomach, which was, as she supposed, simply a return of the old colic. She, however, remarked that "the pain was not in the place it used to be, but lower down and nearer the median line;" and although it frequently recurred, it was not so severe as formerly; and no tumor was felt at the point, not even by herself. Having passed one period, and feeling sickness of the stomach, she suspected pregnancy, and so remarked to her husband. At the end of the eighth week from her last menstrual period, her supposed colic returned one evening with unusual severity, and in paroxysms with more or less intermission. These pains referred to the right iliac region, continued to the latter part of the night, and grew more and more severe until they were excruciating. They were attended by vomiting, and the patient and friends thought they could distinguish a tumor in the right iliac region. These are all the symptoms of which we have any account up to the following morning, when her physician was sent for for the first time. The pain had then moderated, as she stated; the result, it was supposed, of a dose of opium taken during the night. There was a pallor of the face, the lips were blanched, as if from extreme hæmorrhage; the pulse was weak, and about 140 per minute; a feeling of profound exhaustion, sighing, and occasional fits of syncope; there was moderate warmth of the surface, with moisture; nausea and vomiting; the abdomen was rather full, but not dis ended, and decidedly dull on percussion.

On the following day the pulse was more frequent, and on the second day the pulse fell to 130. She suffered little pain, vomited less, but her dejections and her whole body began to emit a cadaveric odor; and on the third day, eighty-four hours after the commencement of the last attack of supposed colic, she sank and died.

Post-mortem—ten hours after death. The peritoneal cavity was found filled with blood, in part coagulated. The fœtal cyst, about as large as a small hen's egg, was found ruptured and occupying the fimbriated extremity of the right tube.

Another illustrative case is recorded by Dr. Kurtz, of Pennsylvania, in the *American Journal of Medical Science* for 1855, which is as follows:

The patient, a primipara, aged 21, suppos-

ing herself pregnant, suffered profuse sanguinolent discharge from the vagina at the end of the third month of her supposed gestation; and although it came on at about the usual period of her regular menstruation, it differed from it in lasting only twenty-four hours. At about the sixth week of gestation, and six weeks before this hæmorrhage just mentioned, she began to have irregular pains in the right iliac and pelvic region, occasioning considerable uneasiness and tenderness in the same locality. There was pain here, on active movements, and in laughing or coughing. With this exception, she enjoyed tolerable health until about the end of three and a half months, having two weeks before suffered the supposed menstruation already mentioned, when she was suddenly seized, in the midst of hard work as a housewife, with one of the accustomed attacks of pain in the right iliac region. It soon grew more violent than any of the previous attacks, and extended upward to the epigastrium. Dr. K. saw her a few minutes after this, when she presented signs of great prostration. The skin was cold and clammy, deadly pale; the pulse was extremely feeble and at times inappreciable at the wrist, and was about 130 per minute. There was nausea and occasional vomiting. The abdomen was somewhat distended, and there was marked tenderness over the right iliac region. The os tincæ was dilated a half an inch or more, but there was no discharge therefrom. The pains which in the beginning of the attack had been intermittent, were now more or less perfectly continuous.

Twelve hours after, the Doctor writes, that he found the patient suffering even more violent pain, her breathing was painful as well as hurried; her skin still cold and moist, that she still had nausea and vomiting, and that her pulse could no longer be felt at the wrist, and soon after, she died.

The autopsy disclosed the peritoneal sac filled with blood, and a fœtus still enveloped in its unruptured membrane was found floating immediately above the uterus. The right Fallopian tube was dilated and developed into a hollow tumor, in the side of which was an extensive rent.

I have collected for this paper a very large number of illustrative cases, but will refer to but one or two more. The case of Dr. MEIGS, which lived five days, had certain symptoms which were very similar to those of Dr. KURTZ's patient, just read.

I have here also a specimen kindly sent me by Dr. CARNOCHAN, the result of an accident which occurred in one of his servants, who married on April 19th, 1865, and soon after experienced the usual signs of pregnancy. On the 20th of June, just two months after, while in the enjoyment of perfect health, a slight pain in the abdomen came on, accompanied by nausea. She had at the same time a full pulse and a flushed face. The abdominal pains were intermittent and grew rather worse up to about the eighth hour after the attack, when the Doctor saw her for the last time that night. He reports that at that hour her pulse and flushed appearance still remained as at first. About an hour later, in an effort to leave the bed for a drink of water, she became faint and fell upon the floor. From this time on, she was too much weakened to rise from her bed. Some hours after, the Doctor saw her and was appalled at the change which had taken place. The pulse was feeble and frequent; the surface of the body was cool; there was extreme exhaustion and despondency, and an apparent menstrual discharge from the vagina. The nausea still continued, and the abdominal pain was still severe, and more continuous than at the last visit. Internal hæmorrhage was evident, and the seat of it suspected to be in the rupture of a Fallopian fœtal cyst. Exactly how many hours of labor-pains of the cyst she had, how long the expulsive efforts of this cyst continued before the rupture occurred, is not known, probably eight or nine hours. This patient was the subject of several consultations from the time the Doctor found her in the condition above described to the time she died, nearly forty-eight hours after the commencement of the attack.

The autopsy showed a large amount of blood in the abdominal cavity, and a ruptured cyst in the middle of the right Fallopian tube, which this specimen shows.

Another very interesting case is reported by Dr. PIERSON, of Orange, New Jersey, which differs from these in the rapidity of its course. The patient had colicky pain several hours before rupture occurred, and was seen by Dr. PIERSON, JR., who did not consider her case as anything but colic. But Dr. PIERSON, SR., saw her in the evening, some hours later, and found her suffering all the symptoms of excessive hæmorrhage. She died about six or seven hours after the commencement of these symptoms.

Another specimen was kindly sent me by Dr. WOOSTER BEACH. The only history of it is that she was attended for several days by a homœopathist of unusual ignorance; and the Doctor did not see her except at the post-mortem examination. He knew by friends, that the woman had

supposed herself to be pregnant about six weeks. Her disease was thought to be colic, but the pains were, so far as could be ascertained, like those we have spoken of in these other cases.

I have another very interesting case, reported in the practice of Dr. Craghead, of Danville, Va., some years ago, in which the colicky pains came on, and in which the labor of the cyst resulted in exciting the uterus, at the end of two or three days, to such an extent as to produce an abortion of an intra-uterine fœtus. But death did not occur with rupture of the cyst until two days after the abortion of the intra-uterine fœtus. The symptoms were precisely the same as in the cases already cited.

Dr. Beach, as Deputy Coroner, contributes another specimen, which is interesting in many respects. The history is this: A multipara, æt. 34. During the first days of the month, so far as could be ascertained, she experienced the usual signs of pregnancy with, other symptoms, from near the end of January, and she therefore supposed herself pregnant. She, however, did not feel as during former pregnancies, suffering colicky pains, debility, and languor. At the end of the fifth or sixth week she began to lose blood from the vagina during the pains. For three weeks she had lost much blood, and was so weakened by it and the accompanying colicky pains, that she was confined to her bed most of the time, though she did not think herself ill enough to call a physician. At 4 o'clock, A. M., March 11th, in the ninth estimated week of pregnancy, she was seized with unusually severe hypogastric colic of an intermittent character, soon followed by depression, nausea, pallor, and occasional fits of syncope. There was after this a slight sanguinolent discharge from the vagina. Little change occurred in her condition during this day, but in the evening she became comparatively free from pain, and slept some during the night. It is very remarkable that no medical man was called through this whole day. On the morning of the following day, at 11, o'clock, the pains returned, the pallor increased suddenly, syncope occurred more frequently and was more profound. The abdomen became markedly full; and, the lady attendants say, "seemed to be full of water." From this new attack she sank rather rapidly, and died of anæmia at nine o'clock in the evening. Having been seen by the physician only an hour or two before death.

On post-mortem examination, the peritoneal cavity was found nearly filled with blood and serum, which had escaped from a rupture of a fœtal cyst near the outer extremity of the right Fallopian tube.

The most remarkable fact connected with this case is, that no medical man was called, and the family did not consider the woman as particularly dangerous; partly on account of the fact that she had been lying in bed during the month, and had all of the time complained of some pain.

The remaining specimen that I have here, was a coroner's case, and one that I had an opportunity of dissecting myself. It exhibits in a very perfect way the ovum in the distended portion of the tube, and the size of the rent in the ruptured tumor.

I will only add on this occasion, that these cases have forced upon me the conviction, that in every one of the specimens that we see, there was an opportunity for saving the life of the mother. The case that I first related was a case which was watched eighty hours by a physician in almost constant attendance. Her pulse was seen to fall little by little; her syncope was watched increasing; her abdomen was discovered to grow larger and larger, to fluctuate, to be dull upon percussion; and she finally died of anæmia, though all of the cases of this accident, so far as I have been able to follow out their history, do not die in this way. They often die of the convulsions of anæmia; but none of these cases before me ever had any convulsions as far as I can discover.

The subject of treatment has been but very little spoken of, so far as I have been able to learn.

Dr. Meigs is one of the earliest writers who has anything to say upon the subject of treating this condition, With such a diagnosis as we have mentioned—which he thinks can only be made after bleeding from extra-uterine cyst has commenced—"nothing is to be done beyond the adoption of mere palliative measures."

Dr. Tanner is the next one who mentions it. In a work upon Diseases Incident to Pregnancy, he remarks, after enumerating various medical measures, "Should these means fail, but little more can be done; though there are possibly practitioners to be found of sufficient boldness who would give the patient such a desperate chance as might be afforded by opening the abdomen and attempting to stop the bleeding by placing a ligature around the uterine end of the oviduct."

Dr. Tyler Smith says of these cases,—"the treatment is unhappily almost nil. As with a rare exception or two, all these cases have proved

fatal; if the diagnosis were perfect, it might afford a bare chance of safety, in such a desperate conjuncture, to open the abdomen, and attempt to arrest the flow of blood by deligation of the tube."

Dr. MEIGS again, in speaking on this subject, says in effect, that "a gastrotomy operation under these circumstances could not be entertained, except by a very mad man."

Dr. HODGE, in treating of the subject, confines himself entirely to the cases in which the fœtus has been sufficiently developed, to be positively diagnosed as an extra uterine fœtation. He asks: "Should gastrotomy be performed in those cases where rupture of the cyst has occurred, and the patient's life is in danger from hemorrhage or subsequent inflammation?" He then enumerates the following objections to an operation: "First, great prostration of the patient; second, necessity for opening the peritoneal cavity; third, the impossibility of removing the cyst or placentæ, or the fluids which have been effused in consequence of the rupture; fourth, admission of atmospheric air, and consequent putresence of coagulated blood, etc." He quotes VELPEAU as countenancing it when there is a probability of saving the life of the child.

The object of this paper is particularly to dwell upon the measures for saving the life of the mother. The arguments *pro* and *con* in this matter, are too lengthy to read here; but I make the proposition,—the only thing in the paper that I claim as original,—*that the trocar may be used with satisfactory and innocent results, in positively determining the presence of blood in the abdomen.* This point established, the first indication for treatment is to prevent any farther loss of blood; and I see no choice of methods of accomplishing this first and chief object. *The peritoneal cavity must be opened; and the bleeding vessels must be ligated;* and the surgeon who would neglect to perform this obvious duty, or at least express his willingness and anxiety to do so, to the patient and friends, must be a very daring, or as Dr. MEIGS would say, "a very mad man." I have also taken much pains to show from history, that there is no hope for the woman unless this operation is performed. Dr. CAMPBELL wrote in 1842: "There is reason to believe that recovery has taken place in cases where the cyst has burst during the early stage of gestation." In support of this belief he quotes a case related by Dr. JUGLEBY, where a patient, a week before the usual time of her menstruation, after having missed one period, suffered with violent abdominal pain, pallor, feeble pulse, and collapse. A circumscribed tension in the right iliac region, and a sense of induration. Two or three days after, a sanguinolent fluid appeared oozing from the vagina; and on the fourth day a substance resembling decidua was extruded. The uterus was slightly enlarged. No fœtus or membranes were ever discovered among the discharges. The catamenia appeared at the end of the month.

I am unable to gather from this history any evidence that a fœtal cyst existed outside of the uterus, or that it was anything more than an early abortion. The circumscribed tension in the right iliac region, and sense of induration, are to my mind clearly imaginary; for the simple reason, that the fœtal cyst, at the end of six weeks, as in this case, is so small as not to be distinguishable through the abdominal walls; and would not, therefore, produce any such sensations as are described. Besides, it is altogether improbable that a woman who suffered such a grave accident should not miss a single menstruation. I certainly cannot receive this as an illustrative case of exception to the almost universal rule, that *the rupture of the fœtal cyst during the first three months is a fatal accident.* Even Dr. JUGLEBY himself remarks of this case, that it is only on account of the similarity of these symptoms to those of a case of fatal rupture of the cyst in an extra uterine fœtation, that he had seen, that led him to believe that this must be of this character. But he still alludes to its doubtful character in the following language: "Positive evidence of the rupture of the sac can only be obtained by post-mortem research; and should the patient happily recover, our opinion must rest upon rational conjecture."

As to the probability that it was simply a case of painful abortion I will only remark, that the symptoms are those which, according to Dr. TANNER, are experienced in abortion, viz., "fits of faintiness, pallor, nausea, pain and weight in the lower abdomen and uterus, chilliness and depression; and finally, extrusion of blood clots, etc., in which it is often impossible to find any trace of an ovum, if it occur at the sixth or seventh week;" which was the case in this patient.

Dr. CAMPBELL gives another case, but one which is entirely different, because it was farther advanced; and was a case which—I take the ground in this paper—was a rupture, not through the placental portion of the sac, but through the membranous portion, and was never attended by any hemorrhage, but only the escape of the amniotic fluid into the cavity. The patient lived four or five months after this accident, and

died of exhaustion from peritoneal inflammation, etc.

The result then is, so far as we know, that a rupture of an extra-uterine fœtal cyst before the third month, is uniformly a fatal accident.

While the objections which Dr. Hodge urges against the operation at more advanced periods of extra-uterine gestation, can apply only in part to its employment as particularly contemplated by me in this paper, during the earlier periods; yet, in a memoir of this character, it is necessary to provide for the rupture of cysts of three, four, five, or more months, wherein there may be more or less extrusive adhesions to adjacent viscera, or tissues, may be a placenta and lochial discharges, or where there may be a more or less extensive cyst, with placental and membranous walls, and I have accordingly done so, and have as fully discussed the whole matter as time would allow, and have illustrated the various points taken, as well as the material enabled me to.

All persons who have investigated this matter, however, know, that a very large majority of all the cases of extra-uterine fœtation terminate fatally before the third month. The occasions to employ the suggestions with reference to operating in later months, are much less frequent than the other. In reference to these difficulties, a very highly respected friend of mine mentioned a few days ago, what occurs in a great many cases of these accidents; the ovarian, and even the fimbriated extremities of the tube are adherent even before the first month, and before pregnancy. This first specimen is an illustration of this fact. That woman had suffered for a whole year, probably with ovaritis; and adhesions had formed between both ovaries and the walls of the pelvis; and as may be seen by inspecting the specimen, an operation for ligating that bleeding cyst would have included many bands of adhesions, and I have no doubt, in many cases, the ovary also. But the difficulty is purely imaginary. The other specimens here, present none of these accidents. The great supposed danger is in the following peritonitis, and this I have carefully discussed, and, as I think, answered.

With these few remarks, I will not detain the Society any longer.

[Dr. Peaslee expressed himself gratified at the investigations of Dr. Rogers, and "fully endorsed his conclusions in regard to the propriety of the operation under these circumstances;" "believing that in forty-nine out of fifty of the cases that we see, there is a necessity for the operation."]

MISTAKES IN SURGICAL DIAGNOSIS.

By Stiles Kennedy, M. D.,

Of Delaware.

Article IV. Hernia.

Most surgeons have met cases of hernia that were very difficult to diagnose as reducible, irreducible, or strangulated. The mind will incline to one form, while the result will prove another. Even a positive diagnosis may be returned, which subsequent events will show to be an error. Unfortunately for the profession, as well as for the patient, the mistake is apt to be found out when too late.

Whatever evil or injury may come from a mistake in the diagnosis of this disease, is held up to the profession by its Nestors, in much the same way that mothers show pictures of drowning men to their children, that they may frighten the youngsters from the water. We all receive fresh lessons on *taxis*, method, caution, etc., until we are on the verge of believing that *all* hernia is reducible, and that we are to blame if our efforts are not crowned with success.

In September 1864, Surgeon Morrisey, of 51st N. C. Troops, asked me to examine a case of "strangulated hernia," and assist in operating. It was late in the afternoon, and the patient had been suffering intensely since early morning. It was an indirect, unequal tumor of right side; was very tender, and of about twelve hours duration. A desire to evacuate without the ability to do so, and vomiting. The face wore an anxious look, and the pulse was rather hard and sharp. Several of the best surgeons of Hoke's division had attempted the reduction. I did not, but from an entire confidence in their skill, and from the marked symptoms present, I advised immediate action with the knife. Every preparation was made and the instruments were before us. Chief Surgeon Tanner came up just at this time, and in a few moments he reduced the hernia! Every means at our command had failed, half dozen surgeons failed with exactly the same manipulation by which Dr. Tanner was successful.

The younger medical officers of the division were regaled with short sermons on "caution," "repeated manipulations," and the "necesssity of time," in these cases, and this one was held up as the "scare crow" to frighten them into a proper practice. Instances of this kind are mentioned in surgical works, monograms, and journals, with much the same effect.

That is, if you cannot convince the doctor that any certain case is reducible, or perhaps a harmless irreducible hernia, be sure to frighten him

from the conviction—which naturally arises after all means at reduction or palliation have failed—that it is strangulated hernia.

My own opinion is, that in the lesson presumed to be taught by cases like the above, twenty lives are lost, where one is saved. I will admit that life may be lost at some time in in the course of human events, by operating on a case that might have been reduced by fortune or accident. I have never seen such a death, nor has one occurred within my knowledge. Yet from the above case I myself and others, will admit that a few of the cases we have seen operated on, might possibly, if not probably, have been reduced by repeated and long continued taxis, chloroform, ice, bleeding, hot bath, purging, vomiting, and the thousand other remedies and applications; but I say that no death has transpired in this case that I am aware of. On the other hand, every case of death following the operation for hernia that I am at all acquainted with, has resulted from waiting too long. Organic change in the tissue before the knife entered had sent forth the decree of death! "Caution" had saved the pilot's crafts from Scylla, but they had wrecked them on Charybdis. Their lose of "time" had reaped their patients an eternity.

We must be more cautious *not* to delay, and save time instead of squandering it while death is fixing its seal, and then attempt to break it with a bistoury.

In the case mentioned, death would not have been immediate, whether the tumor had not been reduced or not operated upon, but in a marvelously short time organic change would have reduced the chances of life to almost nothing. Therefore, in a similar case, after all reasonable efforts at reduction had failed, and the approaching storm has drawn nigh, and the inevitable bar is in front of me, I shall lighten the vessel in time to let her float safely over, instead of waiting until the bark strikes the reef and life is washing away.

By "reasonable effort" I do not mean that the patient is to be stood up and bled till he falls, nor boiled till he cannot see, nor puked nor purged till he is deaf and dumb. And still less to manipulate the tumor until it is as sore as a carbuncle.

Most frequently in military practice, the cases are so recent, that the patient knows nothing about the reduction of the tumor himself. In civil practice very often, the case is of some standing, and you can compose the patient sufficiently to get him to make efforts in the way he usually has reduced it. If this fail, give chloroform, apply ice to the tumor, make taxis, and give the benefit of all doubts to the knife.

FULIGO LIGNI.

By E. A. Wood, M. D.,
Of McKeesport, Pa.

The writer has lately been interested in the trial, of what appears to be a new use of an old remedy. Allusion is had to *fuligo ligni*, or wood soot.

This substance is known to be remarkably complex in its composition. It seems never to have been submitted to any exhaustive analysis. Berzelius and Braconnote, have each bestowed upon it some research, agreeing on the nature of most of its proximate elements, and disagreeing on others. The more important elements are said to be a resin called *acid pyretin*, pyrogenous, and empyreumatic oils, and creasote.

The last is well known and need not be described. It is sufficient to remember that its action as a medicine classes it with styptic, antiseptic, narcotic and irritant drugs.

Wood soot probably possesses distinct and peculiar therapeutical powers, differing essentially from creosote. This we would infer from a knowledge of its more complex composition. It no doubt, also, contains creasote in a free state, and hence would most likely possess the properties of the latter.

Wood soot is used with success in colic, as a domestic remedy. But attention is hereby called to its properties as an emmenagogue. It no doubt possesses the power of controlling uterine hæmorrhage in a marked degree. The attention of the writer was directed to it in a case that resisted all the usual remedies.

The following is a brief history of the case. Mrs. M——, aged 30. Rheumatic diathesis; had rheumatic pericarditis four years ago, has been troubled with pain in region of the heart palpitation, and shortness of breath ever since. She was, (Sept. 5th, 1866,) laboring under an acute attack of rheumatism, which exhibited a strong tendency to renew its attack upon the heart. Indeed this organ appeared to suffer more than any other. Physical exploration revealed the existence of hypertrophy, caused most probably, by old adhesions of the pericardium. Pain and distress in the præcordial region; rapid, wiry, irregular pulse; flushed face, and fever; gradually yielded to the usual remedies, viz., cupping, blistering; calomel, and opium. The most important complication, however, was a constant wasting from the uterus, which had commenced

two weeks before the rheumatic attack, which continued through the whole period of illness and still continued in convalescence. An examination revealed no local trouble to account for the persistent hæmorrhage, other than a somewhat swollen condition of the os uteri.

Gave her full and frequent doses of vinum ergotæ, alternate with gallic acid. Cupped and blistered sacrum, all to no purpose, except a temporary relief. The wasting continued and the case was becoming somewhat alarming—not from being free, for it was only a wasting—but alarming from its persistency, and its slow but sure debilitating effects. The tampon was applied, but it gave no relief. On visiting her one day, was gladdened with the information that the bleeding was entirely relieved, but was provoked to also learn that it was not my medicine that had brought about this happy event, that it was an old woman's remedy, and that remedy was *wood soot*. She stopped the drugs prescribed for her, took the soot tea, and in three hours all wasting had ceased, and so remained stopped during her convalescence. I still continued waiting on the patient, supplying her with tonics and restoratives with the satisfaction of seeing her restored to as good a degree of health compatible with a heart hopelessly ruined.

Further conclusive evidence of the utility of the remedy under consideration, is evinced in the case of the same lady, who, since her recovery, is attacked about every three weeks with uterine hæmorrhage, which is always promptly arrested by the use of wood soot.

Three other cases came under my observation. Two of these were cases of uterine hæmorrhage consequent to the cessation of menstruation. I prescribed the soot, which appeared to promptly relieve the bleeding in both. The third, was that of a married woman with whom the hæmorrhage appeared to be the sequence of gonorrhœa. Large doses were given, producing vomiting but failed to arrest the bleeding. Ergot relieved her.

Wood soot is best prepared for administration by tying it in a muslin bag, placing it in a convenient quantity of water, and boiling for one hour. Tea thus prepared may be given in wineglassful doses every half hour, until hæmorrhage is arrested.

I am not so enthusiastic as to claim that this simple remedy will unfailingly control uterine hæmorrhage. Infallibility will not be an attribute of any medicine, until skill shall always cure, and quackery always kill. My brief experience of the drug, would seem to indicate that it does exercise considerable power over the above con ition. The standard virtue of a therapeutic agent cannot be fully settled within the experience of a single individual, nor indeed, within that of a generation. Perseverance in scientific experiments, extensive and accurate statistics from age to age, can alone settle it. We are so apt to attribute changes in diseases, to the *last* remedy employed, that we often give undue credit to an action that has no relation to cause and effect. Modifications of age, habit, idiosyncrasy, and many other circumstances known and unknown, are constantly opposed as barriers to our precision in medical judgment. Remembering these facts, I do not claim unqualified confidence in the use claimed for fuligo ligni, but only ask that the profession may try it, that if so, haply another balm may be added to the swelling list of agents that mitigate the ills that flesh is heir to.

AN UNCLASSIFIED SKIN DISEASE

By J. P. Farnsworth, M.D,
Of Clinton, Iowa.

Several articles have appeared in the Reporter in regard to an unclassified skin disease, known by various vulgar names, and often proving difficult to classify or to treat.

A case or two may be to the point, and may throw some light on the subject. Your correspondent is as cleanly in his habits as most of his patients; changes his underclothes once or twice a week, and takes a regular weekly bath; he is in good health, and in active business. He has been in contact with various people who had eruptive diseases often, but of late something seems to have affected him.

After the labors of the day are over, he sits in his room and enjoys a good fire, in dressing gown and slippers. He begins to feel an itching sensation—a something creeping on his arms; he rolls up his sleeve, and searches diligently for the cause, before indulging in a scratch. There is not the slightest appearance of anything, either of pustulæ, papulæ, or vesiculæ. He applies a magnifying glass of moderate powers, and fails to detect anything. The exposure to the air, however, intensifies the itching, and it is found on trial, that a raking with nails or flesh-brush intensifies, rather than relieves it. He undresses for bed, and the itching sensation begins on his back and chest, and down his legs. On his body he thinks he detects some of the papules answering to the description of prurigo vulgaris. There

are a few blackish crusts, and many places torn by scratching, but on the arms there are no such appearance, because he has been careful to make some application to allay the irritation, so as to study the disease. On the legs the scratching has produced numerous little sores, that are crusted over. It has lasted nearly three weeks but the annoyance is too great to allow it to continue, on the arms or body, and an application of spr. of colong relieves the pruritus and prevents its return. He can well conceive how it is terribly annoying and almost maddening if it becomes general.

An application of a mild solution of hyd bichlorid. drives it from the legs. There were no pustules, no clusters of papulæ, no rash, no appearance of vesicles, and no squamæ. It did not appear on the hands or face. Did you ever take a full dose of opium or morphia, and awake in the night with the sensation of thousands of minute animals crawling over your body, or of being stung with nettles, and scratched violently and fruitlessly for relief? The sensation is the same. Which illustration develops an idea. Is not the universal prevalence of this disease at the West, owing to some malarial influence, and not to local cause? Still, there are many facts going to show that it is communicated like other contagious diseases.

Mr. B., the commercial agent for a wholesale leather house, has resided west for six years, he travels over the State during the winter, and takes the hotel fare as he finds it in a new country. Somewhere in his travels he thinks he must have taken the 'itch.' An intense itching attacks him, and a crop of vesicles spring up, he scratches some of them until he has numerous pustules, then in patches, the skin falls off in scales. Around his elbows the skin is red, fissured, and scaly. His suffering at night is intense; his body is covered with long marks made by his nails. There is no appearanee of any eruption on his face or hands. He has tried numerous sulphur ointments, and iodine and sulphur baths, and taken sulphur with no effect, or rather to increase the disease. He makes a journey east and calls on some physician in Boston, who tells him he has the regular "army itch!" That is the plague of the profession at the present time. The remedy prescribed does little good.

On his application to me I diagnose the disease to be eczema impetiginodes, as near as I can place it. It had its origin in the *prurigo formicans*. His health is suffering from it somewhat, and I prescribe, R. Tr. cinchona, f.℥ij., with syrup senega, f.℥ij., in f.℥ij. doses. And order for external application, R. Glycerine, f.℥ij· Acetate plumb, ℈ij. Chloroform, f.℥ss.

A marked improvement followed, and the disease subsided in a month.

This winter he came to me saying the pruritus had returned, and he feared the old complication. Cannot give any positive reason for giving him six, three grain pills of quinia, but had good reason for giving a wash of hyd. bichlorid. gr. xxx. ad. aquæ, f.℥ij. Have heard no more complaint.

A man came to me a few days ago, with a clear case of ptyalism, induced by the free use of unguent. hydrarg. The disease of the skin was rather aggravated than relieved. Gave saline cathartics, and an alkaline wash, followed by the above mentioned wash of glycerine, etc.

A mother brought two children to me, of light complexion and moving in "our best society." They had complained of an intolerable itching, which had resulted in pustules, and ulcers. the hands and between the fingers were covered with vesicles, or little pimples covered with black scabs. The whole body was covered in the same manner. I had little difficulty in diagnosing this as scabies, as I found the animalcule, and unearthed him. I have not had experience enough or a sufficiently good glass to say whether it differed from those found east or in France. There was scarcely a spot on the whole body of the little boy, except his face and scalp, but was covered with the eruption. The crop had been sowed broadcast, and had been well harrowed in. The sulphur and potash ointment had been used, but so aggravated the pruritus that the mother fancied the disease was increased. The disease had developed itself in the whole family. The history given by the parents was, that they had had a slight eruption and much itching at the beginning of winter, as they often had when they first put on flannels. It used to be said that it was caused by eating buckwheat and pork, but they had eaten neither this winter. They had always stopped the itching by frequent baths and a wash of sal-æratus water. This winter the little boy had caught this at school, and the whole family had taken it.

One of our druggists had found a complicated prescription in Parrish's Pharmacy, and had made up a large jar of ointment.

R.	Sulphur,	℥j.	
	Ammon. mercury,	℥j.	
	Benzo. Acid,	℥i.	
	Ol. Bergam,	℥i.	
	Sulph. acid,	℥ij.	
	Nit. potass,	℥ij.	
	Lard,	℥ij.	M.

This was ordered, and after four or five applica-

tions followed by ablutions of soap suds, a cure was effected.

I have had many cases like the above this winter, some of them yielded to the ointment alone, to some I gave quinia, to others, Fowler's solution. I think the ointment has not failed (in any of these cases of scabies), conjoined with the Fowler solution. Some of them did not yield to the quinia.

A discharged soldier came to me, who had suffered from the "army itch" in a rebel prison. It had been cured, and now was returning. It had, in some places, the appearance of chronic eczema, in others of prurigo vulgaris. Prescribed the above ointment without success; then gave Fowler's solution, gtt., v. three times a day for a week, and at the same time used a wash. Hyd. bichlor. gr. x. Aquæ, f.℥ss. Glycerine, f.℥ss. This effected a cure.

Once, in writing to you, I was of the opinion that the disease might be owing to some acarus or *animalcule*. I believe from further investigation, that it is an unclassified skin disease, that it arises from some malarious cause or climacteric influence. It may be aggravated by want of cleanliness, and unwholesome diet, as all such diseases are. It was evidently carried east by the returned soldiers. The question now is, whether it is to be continued there as a distinct disease.

It is an old disease of the west. I remember it distinctly, as showing the same features as I see in it now, and as it was described at the east in 1856, when a student. It prevails all over the prairie country, and all the oldest inhabitants tell us that it was the same when they first came here. To have the "ague," and the "prairie itch," were considered as fixed facts of life here.

The disease uncomplicated, has no features of eczema; it has a resemblance to prurigo, but differs in its essential features, in the papulæ, and its duration and location. It differs from lichen, by having no redness or eruption. It may be associated or complicated with any of the families of skin disease. A correspondent is confident that it is nothing else but eczema, and proposes to call it *eczema exercitio*, or, as if not certain of his Latin, *exercitorum*. That is like the Scotch schoolmaster, who satisfied the rustics as to the cause of an eclipse, by calling it a *phenomenon*. With more propriety it might be called *scabies prairiensis*, or the Latin for "prairie dig," on which, I dare not trust my latinity, it would have the merit of priority. I think it comes more nearly under the head of prurigo, though doubtful, for reasons above stated, that that is proper.

I am not yet satisfied that quinia has any specific effect on the disease, but believe the arsenic has, from its effect in other cutaneous diseases. This does not invalidate the theory of its malarious origin. These are a few ideas of my own about the disease, which must pass for what they are worth.

REMARKABLE CASE OF SEVERE GUNSHOT WOUND, AND EXPECTORATION OF THE BALL AFTER THREE YEARS.

By A. Geiger, M. D.,

Of Dayton, Ohio.

That "truth is stranger than fiction," is an axiom that may be applied to circumstances occasionally coming under the notice of the physician, as well as to the occurrences of everyday life.

There is so much of the marvellous contained in the history of the following case, that I would be slow to give it credence were it not substantiated by the best of testimony. The patient I have seen myself, and examined the marks of the original wound, and conversed with him, as well as with his friends and neighbors, and have no doubt of the truth of their statement, which I give to your readers as obtained from them.

Henry Miltenberger, aged now 23 years, of the 12th Ohio Cavalry, was wounded on the seventh day of April, 1864, in a battle near Saltville, Va. He was struck by a minnie ball in the left side, the ball entered at the lower margin of the seventh rib, on a line parallel with the axilla. He bled severely at the time, but refused to be carried to the hospital, and remained with his comrades in camp, and after five days started on horseback with Gen. Stoneman's brigade into Georgia, South Carolina, etc., and continued with his regiment until the close of the war.

He states that after the healing of the wound externally, he did not experience much inconvenience, except occasional shortness of breath, and inability to perform active exercise, such as fast walking, running, etc. After being discharged from the army, he returned home and engaged in work at his trade, that of a carpenter, and continued to enjoy tolerable good health until some time in September, 1866, he contracted by exposure a severe cold, since which time he has had some cough and frequent expectoration of blood. Also at times complete aphonia, with sense of suffocation. One of these attacks was so severe as to produce spasms and insensibility, which continued for several hours. Oftentimes during a severe fit of coughing, accompanied

sometimes by vomiting, he would feel the presence of a hard body in the windpipe, which he could almost at the time cough up.

On the 26th day of March, 1867, after having been at work during the forenoon, he felt so unwell at noon that he returned home, and in a short time afterward was taken with a severe fit of coughing, and soon expectorated a "minnie ball," weighing three-fourths of an ounce, and the one that nearly three years previous had entered the left side. The ball was covered entire with a tough mucous coat, and the small cavity at the base was filled with pus. Considerable hæmorrhage followed the expectoration of the ball, but the relief he experienced was so great, that he rejoiced to be rid of his unpleasant companion that for so long a time had been the occasion of so much discomfort.

He still continues to expectorate small quantities of blood and bloody mucus, but he considers himself so much better that I found him to-day a mile from his home, engaged in working at his trade, and he is of the opinion now that all will soon be right with him.

It might be idle to speculate as to where this ball has been during this long period, and the course it may have travelled to find its way into the bronchia, and then to the trachea, or it may at first have lodged in the bronchia; but it is a remarkable instance of the "*vis medicatrix naturæ*" in an otherwise healthy young man, and of the surprising efforts nature will sometimes make to rid herself of an incumbrance that would interfere with the normal action of her functions.

Hospital Reports.

Pennlylvania Hospital,
February 23d, 1867.

Surgical Clinic of Dr. Agnew.

Reported by Dr. Napheys.

Compound Fracture of Tibia.

This man has been in the hospital for a little more than a month, on account of an injury to his left leg. He is 24 years old. The accident occurred in the mining regions, and was due to his falling and being struck by the wheel of a car, crushing off the integument and producing a compound fracture of the tibia, obliquely, at its lower extremity. An abscess formed, and was opened to prevent the extension of the purulent matter, which was accumulating about the joint. There is mixed with the purulent matter a bloody serous-looking fluid, imparting an unctuous adhesive feeling to the touch, which induces the belief that it comes from the articulation. It may, however, come from a bursa, or from a sheath of a tendon which has been opened, and which contains a fluid similar to the synovial fluid and liable to be mistaken for it. Superadded to these complications there is another serious one in an external wound, a sinus, connected with the articulation. The man from exposure contracted pneumonia, which has now subsided so as to admit of treatment being directed exclusively to the condition of the joint. There has been an attempt very properly made to save the limb, but in consequence of this complication of troubles, a protracted case must necessarily be expected. His pallid appearance at present is due to the inflammation of the lungs from which he has just recovered. His constitution is a good one apparently.

The probe shows that the tibia is denuded of periosteum, so that, whatever may be the issue in regard to the restoration of the fracture, there must be necrosis of the lower end of the tibia.

The treatment consisted in placing the limb in a fracture-box, opening abscesses, and of the application of a roller bandage from above downward, to prevent the soft parts from being extensively dissected up, as they otherwise would have been by the burrowing of purulent matter. When the deep parts have been bruised, as has happened here, abscesses may be expected between the layers of the muscles, and in such cases extensive suppuration may take place with little other evidence on the surface than œdema.

The result is doubtful. The limb may be saved, but probably only by anchylosis of the ankle. It is impossible to say whether there will not be such extensive necrosis as to necessitate at some future day the amputation of the foot. The time for the consideration of this question has not yet come, and will not, perhaps, for three or four months, unless the man's constitution begins to give way.

The limb was placed in a fracture-box, upon a pillow covered with rubber cloth, and lint saturated with lime-water applied over the contused surface, evaporation being prevented by oiled silk. The experience of this hospital will always be the best refutation of the outcry against the use of the fracture-box. The limb is washed clean every morning, and then a roller applied, commencing a little below the knee and carried down, compressing the muscles with sufficient firmness to keep their surfaces in close contact and press out the matter. There is a good deal of thickening about the ankle-joint. Under judicious pressure the effused lymph will be removed; there is nothing comparable to well-adjusted pressure for this purpose. To keep the foot from rotating inward, a loop is thrown over it and secured to the outer side of the foot-piece. It ought to be allowed to rotate a little outward, which is the natural position of the foot; but never to go too far to the one side or the other.

Fracture of Internal Condyle of the Humerus.

This lad, aged 10 years, came into the house two weeks ago last Wednesday, in consequence of a severe injury in the neighborhood of the elbow-joint of the left arm. Fractures in the vicinity

of the elbow-joint are very common among lads. A large proportion of fractures in adults occur in the leg or thigh. In more than two-thirds of the lads admitted into this hospital for fractures, they are situated near the elbow-joint. Such fractures are sometimes a little obscure, in consequence of being close to the articulation, as there is more difficulty in the diagnosis of all injuries of this character as they approach a joint. But there are about this articulation such valuable referential points, that, with care, generally speaking, the nature of the accident is readily made out. There are three points about the elbow-joint which form valuable guides to diagnosis, viz., the internal condyle of the humerus, the external condyle, and, between the two, the olecranon process of the ulna.

The boy was injured by being knocked against a lamp post, striking his arm. He presents an example of a fracture, which Malgaigne says he has never seen, in consequence of its infrequency. He has fracture of the internal condyle of the humerus, which, in this hospital, is more common than that of the external condyle. The line of fracture runs across the internal condyle, passing almost necessarily into the joint; if it is complete, it must of necessity run into the articulation. The recognition of this fact is important with reference to the possibility of there being an abridgment in the motion of the fore-arm, or even anchylosis. It is but just to the surgeon that he should state distinctly to the patient this probable consequence of the injury.

This fracture is readily distinguished from dislocation by the three prominent points of the joint, the internal condyle, the external, and the olecranon process, being in a line; which could not be in a luxation.

There are several splints employed in treating this fracture, all surgeons agreeing that the flexed position of the limb, the fore-arm being at a right angle, or even an acute angle with the arm, is the proper one to be maintained.

The Physic method was to place splints on the outer and inner side of the arm. Others prefer the splint on the posterior part of the arm, which is the method very generally adopted in the New York hospitals. The anterior angular splint answers every purpose. A roller should first be applied, so as to give the requisite support to the muscles, and then the anterior angular splint adjusted, extending from the edge of the pectoral muscle to the bend of the arm, and thence along the fore-arm and hand, securing the same with a roller.

It should be dressed every day for the first four or five days, afterward every other day; and, as early as the seventh or eight day, passive motion should be instituted. The splint should have a hinge, that the angle may be altered, and made more obtuse from day to day; or else there should be several splints provided, of different angles. By thus changing the angle of the splint, and by keeping up passive motion, stiffening or anchylosis of the joint is prevented as far as possible. If there is a great deal of swelling, lead water and laudanum, or stramonium and lead water, may be applied until it is reduced. Above all things, remember the importance of passive motion.

Some recommend taking the splint off in two weeks, and keeping up passive motion. If the patient be constantly under the care of the surgeon this may be done, but it is unwise to inculcate this as a rule.

There is no roller about the arm of this boy at present. Two weeks having elapsed, the period of inflammatory swelling and muscular spasm have passed, and there is no longer any imperative demand for a bandage beneath the splint.

Convergent Strabismus.

This lad, æt. 16, has had internal strabismus since he was seven years of age, the left eye being more affected than its fellow.

Very often these cases of squint follow some affection largely involving the nervous system; sometimes they are the result of debility at an impressible age. The old idea that this form of strabismus was owing to paralysis of the external straight muscles, is to be taken with great limitation. Experience has shown that it is due to active contraction of the internal straight muscle, in order to aid the ciliary muscle in the work of accommodation.

It will be found in a large majority of cases, where the squint is in one eye, that eye has been for a time laid aside. This is due to the fact that the parallelism in the visual axis is lost, and that the incident rays do not touch corresponding parts of the retina.

The surgeon should ascertain exactly which eye requires operation, though in many cases both eyes require it.

Where, however, there is merely a slight squint in one eye, more rapid and permanent results will be obtained by operating only on the organ more affected, and afterwards using appropriate glasses. To determine the bad eye, there is a simple method. Close one eye and have the patient look straight forward with the other, and make a mark on the lower lid opposite the middle of the lower border of the pupil. Let the patient now turn the eye out as far as possible. Repeat this plan with the other eye, and then compare the disparity in the degrees of abduction. If not quite considerable, it will be necessary to operate on both eyes.

The patient should be etherized, unless he has a good deal of fortitude. Then, with a little spring speculum, the eyelids are to be separated, and, with a pair of rat-tailed forceps, a fold of the conjunctiva raised a few lines from its junction with the cornea. By means of a very sharp pair of scissors, straight or curved, a slit is next to be made in the conjunctiva and sub-conjunctival tissue large enough to admit the entrance of a hook, which is dipped down under the tendon of the contracted muscle, which is elevated upon it and divided.

The boy was placed under the influence of ether and the left eye operated on in the manner described, with the effect of placing it perfectly in line with its fellow.

The subsequent treatment, which the patient can carry out himself, consists in washing the eye three or four times in the twenty-four hours with tepid water, as there will be some discoloration

in consequence of extravasation of blood. Sometimes, after the operation, a little crop of granulations sprout up and project through the opening made in the conjunctiva. A piece of lunar caustic sharpened to a point, applied once or twice, will cause them to disappear, and the wound will heal without any scar or cicatrice.

Editorial Department.

Periscope.

MONTHLY PERIOD OF INFECUNDITY.

We received from Dr. Avrard, a physician at Rochelle, at interesting little work, printed at Bordeaux by Gounouilhou, entitled "Generation and the Duration of Pregnancy in the Human Race." The object of this work is to determine with almost mathematical precision, "when fecundation is possible in women, and to assign a limit of time in the menstrual cycle to the generative faculty."

The determination of this law forms the subject of the first part of the pamphlet before us; in a second part the author treats of pregnancy, and inquires into the possibility of recognizing its commencement, of determining its duration, and of assigning to its termination a physiological period.

The theory of M. Avrard concerning the moment when fecundation takes place, is no other than that of M. Pouchet, *verified, completed* and *determined* in its mode and phases. "Fecundation," says M. Pouchet, "presents a constant relation with menstruation; also, in the human race, it is easy to determine exactly the intermenstrual period when fecundation is physically impossible, and that when it can offer some probability." By observation he endeavors to gain a confirmation of this assertion; to establish upon a solid and scrupulously exact basis the duration of the intermenstrual period, during which fecundation can alone take place; and to fix, as well as possible, the limits of this period.

M. Avrard, after having learnedly related and discussed the facts which seem to him calculated to throw light on the question, arrived at the following conclusions:

1. The cycle of generative functions lasts twenty-eight days. It is divided into three periods of equal length, which the author calls *menorrhagic*, *generative* and *hypnotic*.

2. Menstruation returns normally every twenty-eight days, starting from the accession of the courses. Its duration is indefinite.

3. A certain time elapses, most frequently, and perhaps always, between the end of the courses and the beginning of the generative period; this time the author calls the *interperiodic phase*.

4. The generative period ends always the fourteenth day after the beginning of the courses.

5. It has been shown by an observation of fifteen years, and resting to-day upon a thousand facts with proof and counter-proof, that woman is physiologically barren during fourteen days in twenty-eight, that is to say, after the fourteenth day, commencing with the appearance of the courses, till the end of the following period.

M. Avrard does not admit, as does the Professor of the Obstetrical Clinic at Paris, the possibility of impregnation during the period of the courses.

In the second period of his work the author maintains, contrary to the opinion of M. Mattéi, that parturition, at natural term, coincides neither with the ninth nor tenth catamenial period; but is effected always 270 days after impregnation, whatever be the moment (often difficult to determine) of the generative period when the woman was impregnated. This normal limit can be exceeded, which is rare, or not be attained, which is common enough.

We regret our inability to analyze more at length this very attractive work of a distinguished observer, where are treated with so much taste and talent questions of the highest interest, as regards midwifery, legal medicine and hygiene, and also in a still more important respect. In short, far from considering the popularization of the physiological fact of which he treats, as necessarily involving immoral results, a very learned theologian, to whom the author had submitted the question of temporary infecundity, has thought on the contrary, that, man being free to use marriage, if not *as* he pleases, at least *when* he pleases, many men being prevented on prudential grounds from cohabitation, through fear of a too numerous progeny, will hereafter be able, thanks to the doctrine of temporary infecundity, to allow themselves in all security, *complete*, *normal*, and consequently, *lawful* intercourse; without which, in the opinion of moralists, economists and physicians, domestic happiness cannot exist.—*Jour. de Méd., et de Chir., Nov.*, 1866. *New Orleans Medical and Surgical Journal, Jan.*, 1867.

On the Use of Sulphite of Soda in the Treatment of Erysipelas.

Dr. Addinell Hewson stated that he had been using the solution of sulphite of soda as a local application in erysipelas since February, 1864, and had obtained results from it, in the various forms of that disease, which were to him both interesting and surprising. He had been induced to try it from the representation made by Prof. Polli of its influence in destroying all diseases of a cryptogamic or animalcular origin—a source to which recent researches would lead us to suppose erysipelas was due. At first he administered it internally, in doses of ten grains every two hours, as well as applied it locally; but the effects of the local use were so prompt and decided, that he has now abandoned its internal administration altogether. In extensive trials of this remedy, both in hospital and private practice, he has never seen it fail when thoroughly applied before the deep planes of cellular tissue had been invaded by the disease. Under the latter circumstance, no positive curative results were of course to be expected from its mere external use. But before such parts had become affected, a solution of ten grains of this salt to the ounce of water, when thoroughly applied on lint all over

the surface affected, and to a considerable distance beyond it, and covered with oiled silk to prevent the evaporation of the solution, had not only produced a decided bleaching effect on the discolored surface in every such instance, in the first twenty-four hours of its use, but had invariably destroyed all traces of the disease in forty-eight hours from its first application. The result was the same, whether the application was made in the traumatic or idiopathic form of the disease. He had thus cured twenty-seven cases, seven of which were of idiopathic erysipelas. Even in the cases where the deep planes of cellular tissue were involved, as well as the surface, the disease on the surface was always apparently affected by the application. It was most positively bleached in all instances, and in many was evidently destroyed, within the period above stated, even whilst that in the deeper parts proceeded on steadily to suppuration.—*Trans. Coll. of Phys. of Philadelphia.*

THE AGE OF NUBILITY.

Dr. J. Matthews Duncan, of the north of England Obstetrical Society, has an interesting article in the *Edinburgh Medical Journal* on the age of nubility, especially in woman. We present his conclusions, rather than his arguments.

"It is known that a first confinement is much more dangerous than any of those which follow, at least until the confinement reaches a number above that ordinarily attained to by fertile women. I have elsewhere shown that this extraordinary mortality accompanying first labors is about twice that accompanying all subsequent labors taken together. It evidently, then, becomes of extreme importance for the young woman entering on the risk of a first confinement, to do so at the most favorable age. The age of smallest mortality after a first confinement should be chosen for encountering its risks. It has been long known that age has considerable influence on this mortality. But I know of no satisfactory data for deciding at what age a woman most safely bears a first child. In another place, I have entered upon the subject and shown that the quinquenniad, 20 to 24 years inclusive, is the safest for parturition generally, and I think it a natural inference that that age is the safest for a first parturition, an inference too, which appears to me to have the support of the general tenor of the argument to which I have made reference. If a woman is to multiply and replenish the earth, as married women ordinarily do, she must survive her first confinement. To have the best chance for this survival she should marry between 20 and 25 years of age.

There is scarcely any condition of a married woman which more surely causes unhappiness than sterility; its avoidance is therefore a great object. If a married woman is sterile she fails to secure the great end of the union. It is evident that the age of nubility should be fixed with a view to the securing of fertility. I have elsewhere shown that age at marriage has considerable influence upon the occurrence of sterility; and the age at marriage found to be most secure of fertility is the quinquenniad, 20 to 24 years inclusive. So far, then, as the avoidance of sterility has any bearing upon the age of nubility, the quinquenniad, 20 to 24 years inclusive, is to be selected.

"Premature conjunctions," says Aristotle, "produce imperfect offspring, females rather than males, and these feeble in make and short in stature. That this happens in the human race as well as in other animals, is visible in the puny inhabitants of countries where early marriages prevail." These opinions of Aristotle are confirmed, so far as stature is concerned, by my own researches and those of Prof. Hecker, regarding the length and weight of children born of mothers of different ages. And the statistics of Dr. A. Mitchell seem to show that immature mothers and old mothers are specially liable to bear idiot children.

If, in the foregoing paragraph, it is established or rendered probable that if the children of very early marriages are less strong and healthy than other children, it may be considered a work of supererogation to show that such children die in a higher proportion in early life than others. But the demonstration of both of these points is not perfect, and the proof of the one goes far to confirm the other, and is therefore demanded.

A table is then given which shows a greater survival of children born of woman married at from 20 to 25 years of age than at any other; and as the rearing of children is assumed to be one of the chief objects of marriage, the age to be selected for marriage, with a view to this object, is 20 to 25 years.

Considering the argument drawn in this paper from the avoidance of sterility, it may appear to some to be unfair to found any argument upon the avoidance of an excessive family. And I admit that what I have to adduce on this topic may partake in some degree of an arbitrary assumption. Having, however, shown some grounds for believing that ten is the ordinary limit of fertility in women living in wedlock during the whole child-bearing period, and having shown the very great mortality attendant upon the tenth or higher, I venture to express my belief that a family rising above ten begins to be excessive. Now it appears to me that all the knowledge we possess of the laws of fertility refers the excessively numerous families of a population to fertile women who have been prematurely married. Such women certainly go on longer bearing children than any other, counting up to the end of the child-bearing period in the women compared.

Another class of women is liable to have children with dangerous rapidity, and often a family that is excessive, at least when the duration of married life is taken into account, namely, those who are fertile when married comparatively late in life.

Child-bearing by an immature mother is popularly held to be dangerous to the continued general health of the mother, and to prevent the complete development of her in size and beauty. I have no positive evidence to adduce in favor of this generally entertained notion, which my own experience appears to me to confirm.

In conclusion, it is almost useless to add that I consider the age of about twenty to twenty-five the nubile age of woman. The numerous facts and arguments I have adduced, appear to me to bear out distinctly this conclusion. Below twenty years of age, woman is immature, she runs considerable risk of proving sterile, and if she does bear a child she runs a comparatively high risk of dying in child-bed; besides, her early marriage brings many other disadvantages. The woman above twenty-five years of age is mature, but to counterbalance this, she encounters some greater risks than the very young wife's, though of a similar nature.—*Edinburgh Med. Jour.*

ON GLYCERINE.

Dr. ENNO SANDER in a communication to the *St. Louis Medical Reporter* on glycerine says:

Its peculiar and remarkable qualities have already secured to glycerine numerous and extensive applications, which become constantly more manifold. Its ready solubility in water, alcohol and acetic acid, its great dissolving powers for all salts soluble in water, its beneficial action upon all animal tissues, its peculiarity to have the appearance of oil, without ever becoming rancid, render it of eminent value in medicine and surgery, where it is used already to a great extent. There were consumed 2,870,000 pounds of glycerine during the year 1861, in the Central Drug store of the Parisian Hospitals. Combining the properties of oil and water, it is ferquently used in place of ointments and salves, where the external application of alkaloids soluble salts or vegetable matter is desired. It softens and dissolves all hardened fatty substances, and has been used beneficially in diseases of the ear.

On account of its softening and soothing influence upon the skin, it is peculiarly adapted to the manufacture of fine toilet soaps. It also constitutes the menstruum of pomatums, hair oils, and such preparations for the hair, which are recommended as hair tonics and hair restorers. It removes dandruff, and heals the skin completely of this disease; it imparts to the hair brilliancy, gloss and softness, and keeps the scalp in an excellent condition. Being inodorous, not liable to become rancid, but, like oil, capable of extracting odors, it may be employed advantageously to extract such odors, the delicacy of which would be destroyed by distillation.

As it preserves its liquidity even in very low temperature, does never assume a crystaline form, nor may be spoiled by rancidity, it has been used as lubricator for such clocks and instruments which have been exposed to the influence of the temperature; on this account it has been largely employed in gasometers. For the same reason it is used successfully for the preservation of microscopic objects, which remain fresh, and admit continuous observation.

Food, and other substances of such character as may become spoiled by the loss of water essential to them, have been preserved by immersion into glycerine, and meat, fish, fruit, etc., are reported not to have lost any of their original flavor and qualities after the glycerine had been removed by washing and soaking in water.

Capable of dissolving a number of dye stuffs, it is not only used in the manufactory of textiles, but also as coloring for liquors, which improve by its addition in richness and taste.

Glycerine should be pure for employment in medicine and for all the more subtle technical applications. For common use it may be more or less impure, according to the object it is desired for. Its definition and its deportment toward some solvents have been stated above; it remains yet to mention the reagents by which some of the most common impurities may be discovered. If alcohol, containing one per cent. sulphuric acid, form a precipitate or only a white turbidity with glycerine, the presence of lime is indicated, and if the diluted solution of potassa produces a brown tint on boiling, some foreign organic substance, as, for instance, glucose, will be the cause of it.

It is said to be frequently adulterated with sugar syrup, which may always be discovered by an examination with polarised light. Glycerine has no optical rotary power, while all kinds of sugar turn the plane of polarisation either to the right or left. Cane sugar may also be detected by chloroform, which dissolves glycerine, and leaves the sugar undissolved; and glucose, by boiling the suspected article with an alkaline solution of sulphate or tartrate of copper, which will precipitate from the bright, blue liquid, the red suboxide of copper in case of an adulteration.

[For an interesting article on glycerine, see a paper by Dr. ADOLPHUS, of Hastings, Michigan, in this journal, current volume, January.]

The Sulphites and Hyposulphites.

A correspondent of the *Richmond Medical Journal*, writing from Pisa, Italy says:

Before finishing this letter, I cannot help inviting the attention of your readers to the researches of Dr. POLLI, of Milan, on the medicinal uses of the *sulphites* and *hyposulphites*. They are by no means new. The *Medical Times* and *Gazette* of June 14, 1862, contained a short account of them, and the Italian papers have repeatedly discussed them. Yet, on the whole, these hyposulphites seem to have been less lucky than their *coëtanei* the hypophosphites which were introduced into the medical world about ten years ago. Possibly, Dr. CHURCHILL, of Paris, was a better father than Dr. POLLI, of Milan. But whatever the cause of this disparity of fortune may have been, the one seems quite as worthy of attention as the other. The sulphites never pretended to be a specific (like the hypophosphites,) against one particular disease, but merely to do within the human system what they were known to do elsewhere, viz., to prevent and to check fermentation, and Dr. POLLI recommended their internal and external use in all cases of septic or purulent affections, and, above all, against the numerous class of so-called *zymotic* diseases. Whether all these diseases deserve their name, is by no means certain, and many other diseases, now called inflammatory

or nervous, may hereafter have to be added to the amended list of zymotic ones. But here, at least, that question is irrelevant. If (as Hippocrates says) *naturam morborum curationes ostendunt*, we cannot do better, than to encourage the clinical use of the sulphites, as their action or inefficacy might be considered as a kind of test for the existence or non-existence of the supposed ferment in any given disease, though I can see no reason why medical men do not set to work like Prof. Schiff, in a logical and earnest manner, instead of thus stabbing in the dark. Sulphites in the stomach may or may not remain sulphites in the blood. Dr. Polli admits that they are changed into sulphates in the intestinal canal. But if so, how can they act as antizymotics when reaching the blood, or if they do, how can such blood be called zymotic? It seems, that the change into sulphates is a very slow and gradual one, and that the absorption of pure sulphite into the blood depends chiefly on the slowness of this process of hyperoxydation. But the experiments made by Dr. Polli for this purpose, are not conclusive, and far from being complete.

Nor would your correspondent be justified in dwelling much longer on a subject which, whatever its intrinsic importance may be, has long ceased to be a novelty, and which is pertinent only on account of the close connection existing between the two subjects that have been treated in this letter. The Italian *savans* have for several years been preaching the antizymotic properties of Dr. Polli's hyposulphites. Prof. Schiff has now proved, with a cogency little known in medical reasoning, that diabetes is an eminently zymotic disease. What then, is more natural than to bring those two isolated assertions together and to recognize in the, latter an opportunity for testing the worth of the former? Those who wish to try this clinical experiment and who want further information on the subject of Polli's hyposulphites, I must refer to the *London Medical Times and Gazette* of May 5, 1866, where they will find a brief but sufficient account of the action of those subsalts in pyæmia, eruptive fevers, typhus, malaria fevers and in cattle plague; also as disinfectants for sores and suppurating wounds. For the convenience of your readers, however, I will briefly state here, that that of four sulphites of potassa, of soda, of magnesia and of lime, *the sulphite of magnesia* is the one best adapted for internal use. It is given in half drachm doses, ten or even twenty times a day. All acids are its incompatibles, and should be avoided, even dietetically throughout the treatment. It is best tolerated when dissolved in an abundant quantity of water. For the rest, Dr. Polli stands responsible.

—— The *Southern Journal of Medical Sciences* says: "Clitoridectomy," "artificial fertilization," and "ethereal copulation," are the offspring of "heated imaginations," and they are destined, after serving a temporary individual purpose, to be acknowledged by the profession at large as only of a value co-equal with that of the huge signboard over our railways, and which, in flaming letters, with large exclamation marks, says—"*Look out for the locomotive!!!*"

Two Cases of Poisoning by Over-doses of Fluid Extract of Gelseminum.

Reported by R. P. Davis, M. D., of Parkersburg, Va.

On the evening of October 6th, 1866, I was called to see a young lawyer of our city, who was reported as being very ill. I answered the call immediately and found him in the following condition:

He was lying on his left side, face somewhat congested, pupils dilated, but responding to the different degrees of light; eyelids half closed, with apparent inability to move them; lower jaw drooping, and his tongue, to use his own expression, "was so thick he could hardly speak;" his skin was warm and moist; pulse small and feeble, and his respirations somewhat diminished in number. He had neither purging nor vomiting.

Upon my questioning him regarding his condition, he told me that he and a friend had "been enjoying themselves in a social way for some three or four days," and that nothing was the matter with him now "but extreme neevous prostration." He also told me that he had not taken medicine of any kind. Thinking, as he did himself, that he was merely prostrated from excessive dissipation, (he being of a very delicate constitution,) I ordered him a brandy-punch, and went to the drug store for some medicine.

Whilst waiting for the prescription to be filled, his friend S. came staggering into the store, saying, "I am blind; I cannot see. What in the world is this I have taken? (at the same time showing a bottle.) My friend B. is down in the same fix." I examined the bottle, and found it plainly labelled, "Fluid Ex. Gelseminum." I asked him how much they had taken? He replied, "B. and I have each taken a tablespoonful." I immediately sent my student, Mr. White, to see Mr. B. and give him an emetic, with other remedies to be given after he had vomited. I then gave Mr. S. an emetic, which acted freely; after which I gave him quin. sulph., ʒj., in spt. vin. gal., ʒiv. In a few minutes Mr. White returned and said Mr. B. was dying; and that it was with great difficulty he got him to swallow the emetic, which had not acted. Dr. A. G. Clark accompanying me, we hastened to where Mr. B. was, and found him in a dying condition, pupils widely dilated, spasmodic breathing, surface cold and congested, pulse almost imperceptible, and totally unconscious. Mustard was applied to the extremities, his body sponged with hot brandy, and artificial respiration, but all to no effect. He died at 8 30, P. M., about two hours and a half after he had taken the poison.

I returned to Mr. S.; found him inclined to sleep, with deep respiration and a numbness of the whole body. I repeated the quinia and brandy, but in only one-half the quantity given before, and kept him walking about with the aid of two of his friends. At ten o'clock, he was feeling quite comfortable. Considering him out of danger, I sent him to bed, when he slept soundly all night, waking in the morning, feeling, as he said, "quite well, but weak and dizzy." He recovered without any further difficulty.

The fluid extract taken by the above parties was prepared by Tilden & Co., of New Lebanon,

N. Y. There being no antidote to poisonous doses of gelseminum given in the U. S. D., I was at a loss to know how to act or what to do. But acting upon general principles, I first vomited Mr. S. freely, and then gave him the large doses of quinia spoken of above. My reasons for giving the quinia were these: gelseminum being a powerful nervous sedative, when taken in large quantities, acting upon the brain and nervous system generally, and quinia being a cerebral stimulant, I thought that large doses of quinia might rouse the nervous centres to action; through this to restore tone and vigor to the heart, and equalize the circulation. I am satisfied that quinia had a good effect, for Mr. S. had taken the gelseminum nearly ten hours before he took the emetic, giving the system time to come thoroughly under its influence. I am satisfied, that had Mr. S. waited and sent for a physician, that he would have shared the same fate as his friend and companion; that the time lost in so doing would have placed him beyond the reach of medical assistance.—*Medical Press and Circular.*

Reviews and Book Notices.

The Red Bridge. By T. Talmon. 18mo, pp. —. *Price*, 90 cents.

Rachel Noble's Experience. By Bruce Edwards. 18mo., pp. 326. *Price*, 90 cents.

The above works, issued by the National Temperance Society and Publishing House, N. Y., are temperance tales, intended for Sabbath School and other libraries. The books are both written in a very lively, interesting, and attractive style, and are calculated to instil into the minds of the young, feelings that will tend to their advancement in temperance.

The *Nation* speaks thus of a late contribution to medical literature:

Messrs. TICKNOR and FIELDS have issued within a day or two, a limited edition of a valuable work by Dr. J. MASON WARREN, "Surgical Observations, with Cases and Operations." Under this modest title the author has given the medical profession, in an enlarged form, the substance of the address, entitled "Recent Progress in Surgery," which he delivered some time since before the Massachusetts Medical Society. The volume is illustrated with wood-cuts and with lithographs, colored and uncolored, and is of course handsomely printed.

A little work of eight pages, on Extraction of Soft Cataract by Suction, has reached us. The author, is Dr. A. D. HALL, of Will's (Ophthalmic) Hospital. He advocates the combination of the two steps of TEALE's operation, that is to say, he opens the cornea and lacerates the capsule with one and the same instrument, the ordinary broad cutting needle, and then introduces a tubular curette and withdraws the cataract by suction. The ancient Persians are said to have the honor of originating this simple procedure.

The results of the observations on cholera are now being rapidly brought before the profession. The Report of the City Physician, of Boston, for the year ending April 1st, 1867, the Report of the Metropolitan Board of Health, for 1866, (New York,) and the Seventh Annual Report of the Commissioners of Public Charities and Correction, New York, 1866, are upon our table. It is impossible for us to do justice even briefly, to the matter contained in these important statistical volumes. They portray, in striking colors, the hand to hand conflict of science against the pestilence, and we are proud to add that they prove that rational medicine, true to its highest duty to *prevent* disease, can conquer, and will conquer even this deadly foe to humanity. That of Dr. READ, of Boston, has appended a translation of the Report of the International Sanitary Conference, a most valuable document. The tendency of this and all recent evidence on cholera, is to show that it is communicable from one person to another, and that isolation, pure water, and cleanliness, are the most reliable public safeguards.

As the marked control which sanitary measures exerted over the progress of the disease during the last summer is rendered so conspicuous by the comparative tables in these volumes, let us hope that the public at large will profit by past experience, and place the authority and the means to enforce hygienic regulations in the hands of competent medical men, not only in the great cities, but in the smaller towns and districts.

Consumption of Spirits in Great Britain.

During 1866, there were 25,567,962 gallons of spirits distilled in Great Britain, of which 7,760,342 were distilled in England, 11,909,119 in Scotland, and 5,808,561 in Ireland. This is a decrease of 1,182,722 in the number of gallons distilled, as compared with the return for 1865. British distillers pay a duty of ten shillings a gallon to the Exchequer, which is about $3.25 in American currency. In America, the tax is two dollars per gallon. Of the amount distilled, 20.216,390 gallons were consumed during the year.

—— Dr. P. H. ZABRISKIE, of Jersey City, sailed for Europe in the Great Eastern.

Medical and Surgical Reporter.

PHILADELPHIA, MAY 11, 1867.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

THE LATE DR. JOHN DELAMATER.

The recent death of this distinguished practitioner and teacher is worthy of more than a passing notice. The following sketch of him is prepared from a Cleveland, Ohio, paper.

Dr. John Delamater was born, of French ancestry, in Duchess county, New York, in the year 1787. His father, a thrifty farmer, was a man of liberal views, and extended to his children all the advantages for education that the limited resources of the country afforded. Early in life the subject of this sketch evinced a fondness for the study of medicine, and deciding to adopt that as his profession, he bent all his energies to acquiring a thorough knowledge and fitting himself fully for the discharge of its duties. His ambition would not permit him to be satisfied with attaining to mediocrity, but he determined to be a master of his profession. How well he succeeded, his long and eminently useful life bears enduring evidence.

We cannot learn that he pursued a regular course and formally graduated at any medical college; but he was a profound student, and the degree of Doctor of Medicine was conferred upon him. At the early age of twenty-one he commenced the practice of medicine with remarkable success. A peculiar faculty for imparting instruction was also developed, and this, together with his thorough acquaintance with medical science in all its branches, rendered him conspicuous in his profession. Previous to his removal to the West, he was connected with several medical schools in New England and New York, in the capacity of instructor, and with unvarying success.

In the year 1835, he went to Cincinnati, where he remained several months. During the winter he delivered a course of lectures before the Medical College in that city. In the following year he removed to Cleveland, intending to make it his permanent residence. Shortly after, however, he was called to Willoughby, Lake county, and for about six years was connected with the Medical Institute in that place.

In 1842, associated with Dr. Kirtland, Dr. Cassels, Dr. Ackley, and others, he returned to Cleveland, and established the Medical Department of Western Reserve College, or, as it is usually known, "Cleveland Medical College." From that time until his death, a period of twenty-five years, Dr. Delameter was closely identified with the profession of Cleveland. He retained his active connection with the College until about five years ago, when the infirmities of age (he then being seventy-five,) compelled him to give up lecturing. He filled, at different times, nearly every chair in the Faculty, and so complete was his mastery of medical science, that it seemed impossible to decide for which department he was best qualified. He also held the position of Dean of the Faculty during the entire period from the establishment of the College until his retirement. Hundreds who are now ornaments to their profession, are in a great measure indebted to him for their qualifications for usefulness, and his name will long be remembered with esteem and affection.

His health has been precarious for some years, and having passed the three-score years and ten allotted to man, it was not to be expected that he could long survive. A sincere and devoted Christian, and retaining his faculties almost unimpaired to the last, his life passed gently and quietly away. His age was eighty years, lacking a few days.

As a husband and father he was most affectionate and kind. His wife, who died five years ago, suffered much from ill-health, and some time before her death, he remarked to a friend, that during twenty years, not a single night passed that she did not require attention. Another member of his family was also sorely stricken, and he experienced much of the sorrows and afflictions of life. One who knew him intimately says, that he never uttered a word of complaint, but was always the same cheerful, patient, faithful Christian. He had a number of children, but only three—two sons and a daughter—survive him. The latter was with him through all his declining years, and smoothed his dying pillow with the tender hand of filial affection.

His moral character was one of the most stern, unflinching integrity. The friend to whom we have referred says: He had keener powers of discernment between right and wrong than any man I ever knew, and when he decided upon the right path, nothing could induce him to deviate therefrom. The following affords an illustration of that conscientiousness which was one of his most marked characteristics: Upon one occasion, he attended a lady through a severe illness. Aside from his regular visits, he made frequent unprofessional calls to suggest everything possible for her relief. She was restored to health and her husband (who was a man of limited

means) desired the Doctor to send him his bill. The latter, under the circumstances, determined to charge but *five dollars*. In making out the amount, however, he accidentally placed the point after the wrong figure, making the bill to read *fifty*. Overjoyed at the recovery of his his wife, the man handed him the full amount, but the Doctor immediately returned forty-five dollars, and, examining the bill, explained his mistake.

He was a regular practitioner for more than fifty years. He was unusually accurate in distinguishing symptoms and defining the disease of his patient, and equally skilful in administering remedies. Prudent, decided, and clear in judgment, he possessed in an eminent degree the qualifications so essential to one who holds in his hands the lives of others. In 1860, the degree of Doctor of Laws was conferred upon him by the Western Reserve College, and few indeed have more worthily borne that title of honor.

THE CHILDREN'S HOSPITAL.

Among the most useful, yet most unpretending of the medical institutions of our city, is the Children's Hospital. It was established eleven years ago, by the enterprise and energy of Drs. Francis W. Lewis, T. Hewson Bache, and Alexander Penrose. The location was on Blight Street. On the 25th ult., a new hospital building was taken possession of. This is located on 22d Street below Walnut, and was erected at a cost of about $25,000. It is neat brick building, faced with brown stone, divided into three stories, with high ceilings, and admirably ventilated. The basement floor is devoted to the laundry, kitchen, dining, and other departments. The second floor contains reception, managers' and matron's rooms, and the dispensary, which is one of the most important departments of the hospital. The third floor is divided into two large and airy wards, with a capacity for fifty patients. There are at present about thirty little children, of both sexes, in the Hospital, and between seventy and eighty have enjoyed its benefits during the last year, while 5,000 patients have been treated and prescribed for at its dispensary. The managers have very wisely secured a large plot of ground at the rear of the building, which will be laid out, at present, as a pleasure-ground for the children, but which we hope to see ultimately used for extensions of the Hospital building.

We congratulate Philadelphia on the possession of a hospital for children, and commend it to the sympathy and support of our citizens, and especially to those of our own profession. We trust that it will be supplied with the means to enlarge its sphere of usefulness, and that it will ultimately, as it should, become one of the principal hospitals of our city.

If we mistake not, this is the only Children's Hospital in the country. This is the more to be wondered at, when it is considered that much the largest portion of the sickness of families is among children, and that the circumstances by which they are surrounded are often unfavorable to recovery.

Notes and Comments.

Another New Medical Journal.

On the 1st of June, Drs. C. A. Logan and T. Sinks will issue, at Leavenworth, Kansas, the first number of the "*Leavenworth Medical Herald*," which will be a monthly of 48 pages.

We heartily wish success to every attempt to build up our medical literature, but we feel sure that the sequel will scarcely justify starting new enterprises of this kind, in such sparsely settled portions of the country. This is the second medical journal in the Mississippi Valley, west of St. Louis, and we feel sure that it is not possible to sustain them both. We shall, however, be very glad if it can be proved that we are in error.

Erratum. In the Reporter of March 2d, in Dr. Barnes' artiele, last line, on "An Obscure Disease," we overlooked a typographical error, in which the Latin word *morbi* is used for *morbus*.

Correspondence.

DOMESTIC.

The Use of Ergot in Uterine Hæmorrhage.

Editors Med. and Surg. Reporter:

After giving the above named article a thorough trial for three years in the various forms of uterine hæmorrhage, and finding that it has almost invariably answered the purpose for which it was intended, without any bad effects resulting from its use, I feel inclined to speak of its usefulness to my professional brethren, trusting that by a careful use of it, many a mother who would otherwise die, may be saved to adorn her family.

Although it is used a great deal in hastening labor—probably more than it should be—and is recommended by high authority, to be useful in the difficulty for which I employ it, yet I do not think it is used by the profession at large as much as it should be, especially in the section of country in which I reside.

My method of using it in menorrhagia, post and ante partum hæmorrhage, in fact, in all kinds of uterine hæmorrhage, is to give from twenty to thirty drops of the fluid extract every half hour, until the flooding ceases. In my hands it has never failed to act almost specifically, except in a few cases in which the trouble was caused by uterine polypi and ulceration of the os. I have never seen any of the bad effects, such as narcotism, gangrene, etc., result from its use. My experience has led me to place far more confidence in it, than in sugar of lead, opium, alum, injections of tannin, Monsel's solution, and the whole class of astringents.

Its good effects are no doubt properly attributable to the stimulant effect which it produces on the uterine nerves, thereby producing contraction of the muscular structure of the womb. A few cases will suffice to show the rapidity of its action, and the permanence of its good effects.

April 1st, 1866. Was called to see a lady who had "just miscarried." When I reached the house she was flooding violently; the blood finding its way through a large "chaff-tick," and was flowing in a stream to the floor. The patient was weak and debilitated. Upon examination per vaginum, my finger came in contact with a portion of placenta occupying the cervix uteri. Supposing it to be the cause of the wasting, it was immediately removed, and friction applied to the abdomen, the head of the patient lowered, the hip elevated; afterwards cold was applied to the abdomen, but all availed nothing, the trouble still continued. A half teaspoonful of the fluid extract ergot was then given; in fifteen minutes the bleeding was much lessened, and a second dose sufficed to check it entirely, and the lady made a fine recovery.

Case 2d. A young woman 23 years of age; married; was then near her single month of pregnancy. Was called to see her at noon, Feb. 1st, 1866. Her statement was, that while attending to her domestic duties in the morning, she fell and injured her side, and that in a few minutes she began to "waste a great deal," and that it was growing worse. Inferring that the flooding was caused by a partially detached placenta, she was placed in a recumbent position, and 20 drops of the fluid extract were given; in twenty minutes 15 drops more were given, and in a half hour more the same quantity was repeated. By this time the flooding had much lessened, and a few more doses in the afternoon at intervals of an hour, stopped the trouble entirely. She afterwards went on till her full time for confinement, and was delivered of a fine healthy child. I have a number of similar cases on record, in which the same beneficial effects were produced by this medicine. Some practitioners may be inclined to think that the medicine, given in the above named quantities, would have a tendency to produce violent contractions, and thereby bring on abortion. But I am confident if it is not given in larger quantities than those mentioned, there is no danger to be apprehended from its use.

Case 3d. Girl æt. 16. Applied April 1st, 1866, for relief from a severe menorrhagia caused by anemia, under which s he was then laboring, stating that she had been troubled with it for some time. I immediately ordered her to take twenty drops of the fluid extract every half hour until the flow would cease, and to resort to it whenever necessary, of course allowing it to come on in proper quantities at her menstrual periods. She was likewise ordered to take twenty drops of tinct. fer. mur., three times per day. In two months afterwards she informed me, that after using the ergot occasionally for about a week, "she got rid of her complaint, and was now enjoying good health."

I have written the above article with the hope that it may induce those who have not used the medicine in uterine hæmorrhage, to give it a fair trial, and report their success or failure as the case may be.

J. Senseman.

Brandt, O., April 26th, 1867.

"Advertising Doctors at a Discount."

Editors Medical and Surgical Reporter:

In your issue of February 23d, 1867, is an editorial, which in its general tone pleased me; and yet I am afraid you are doing injustice to some *country* members of the profession, who are really as much in earnest in carrying out fully our code of ethics as yourselves. As an example, please look at the enclosed slip, cut from our village paper, and you will perhaps conclude at once that I am guilty of "sneak-thiefism."

What are the facts in the case? I live in a country village, with a population of about three thousand; so small indeed that every body knows every body's business. Does any one buy a horse or a cow, or does the wife of any citizen have a baby, why somebody talks about it, and finds out the price paid for the first two articles mentioned, as well as to speculate upon the "cuteness" of the buyer or seller in making the trade. If the baby is referred to, the questions comes up at once, what doctor did they have? Is it a girl or a boy? Does it look like its father? and so on to the end of the chapter. The same

thing occurs in relation to doctors, so far as their business is concerned.

The editor of our village paper came to me for the particulars of the case referred to in time for his previous issue, and was informed by me distinctly, that I could not furnish them for publication, with my name associated with the notice, or alluded to in the item of news. You see the result. Now, who unacquainted with the facts will be able to say if I am guilty of quackery or not? Indeed, would you not read the enclosed notice with a feeling of disgusting contempt, believing me guilty of its publication?

This same thing occurs very often, and I really wish you would inform me how to avoid it. It may annoy we very much, but so far as I know, I am entirely helpless in the matter.

J. E. TODD, M. D.

Baldwinsville, N. Y.

Nitro-muriatic Acid in the Treatment of Asthma.

EDITORS MEDICAL AND SURGICAL REPORTER:

The following for its singularity, if for nothing else, ought, in my humble judgment, to be made public:

Miss R. M., æt. 30. Sent for me August 1st, 1866. Found her laboring under a severe asthmatic attack, or had just got partially over a severe attack. She was very much emaciated. Some hectic fever, tongue coated lightly, pulse about 100 per minute, and weak, bowels costive. There were no appreciable signs of pulmonary tuberculosis. Complains of a constant aching in right hypochondrium. Has shooting pains through the chest. Has had phthisis all her life. Has been treated by numerous physicians of the regular profession, also of the quack fraternity. Tried patent humbugs, but nothing gave more than temporary relief. She was gradually, but surely declining, her general health being poor. The paroxysms were becoming more severe, and often, recurring now every night. Her friends had despaired of her ever being cured.

Treatment. Ordered tincture cinchon. comp., f.℥ss, every six hours. Nitro-muriatic acid, gtt., vj, every eight hours, in half tumblerful of sweetened water. Also drop ten drops in gill of water, and soak a cloth in it, and apply over the liver, and wear flannel. *She has never had another paroxysm of asthma since!* Under the treatment she rapidly recovered. Is now quite fleshy. Says she enjoys better health than she ever has in her life. She rides all over the country the coldest of weather, and has had two violent colds since, but without the least sign of a return of her old tormentor. She occasionally takes the acid yet, as she thinks it the greatest medicine in the world. She attributes her cure to it, as she had been using the tincture of bark before. I gave the acid for the purpose of relieving the liver, and for its tonic properties, and its curing the asthma was a complete surprise to me. So I claim no credit for it, but am determined to give it a trial in my next case, and would like to hear what the profession think of it.

B. F. RECORDS, M. D.

Gosingville, Clery county, Mo.

March 13, 1867.

Compound Comminuted Fracture of the Elbow-joint in an Aged Person. Recovery.

EDITORS MED. AND SURG. REPORTER.

On the first day of October, 1866, I was called to see Mrs. W——, residing in this city, aged 78 years. I found she had just fallen down stairs, striking upon her elbow, and, as she expressed it, "broken her arm into a dozen pieces." Upon an examination, I found a compound comminuted fracture of the humerus, radius, and ulna, into and near the elbow-joint, in fact, it was literally smashed. She had been in delicate health for some time and was a good deal emaciated and seemed to have very little vitality. Her age, and this condition of her general health at once forbade amputation. I therefore, resolved to do the next best thing that I could. With very little hopes of success, I adjusted the fractured bones as well as I could, placed the arm upon a pillow, flexing it, and applied tinct. opii. acetos. plumbi. and cold water. I used no other dressing for ten days. On the fourth day swelling commenced, and on the fifth it was enormous, with ecchymosis and great discoloration of the skin from the shoulder to the wrist. At this time the system began to give way. Pulse became frequent, small, and intermitting; extremities cold; countenance pinched; low muttering delirium; picking of the bed clothes, etc. I gave her large doses of quinia in combination with camphor and opium; fed her freely with whisky punch, egg-nog, beef tea, etc. On the seventh day she began to improve. Wounds seemed to be healthy and the swelling abating. By the tenth day she had so improved, and the inflammation and swelling so diminished, that I applied a light pasteboard dressing. I continued that dressing until the third week. Then I applied the starch bandage. After the tenth day she never had an unfavorable symptom. I kept the arm flexed, and expected of course, to have an anchylosed joint. After the sixth week we began passive motion, and to-day the joint is very near as good as the other. I think in time

it will be perfect. This to me is a remarkable case, and instead of my patient (as I had good reason to expect,) being buried, I have the great pleasure of seeing her, even in her old age, make a perfect recovery, showing plainly the wonderful powers of the "*vis medicatrix naturæ*."

H. A. Spencer, M.D.

Erie, Pa. March 20th, 1867.

The Ligature as a Substitute for Bloodletting.

Editors Medical and Surgical Reporter:

You have probably heard of epileptic attacks prevented by anticipating them with a ligature to one or more limbs? The efficacy of this simple remedy in domestic practice is in many instances well authenticated.

I have known profesiional gentlemen of large experience and profound erudition impute the value of the ligature to pressure of the nerves.

I am inclined to refer it to compression of the veins—answering for the time being the purpose of (in many respects superior) to phlebotomy? I have much confidence in the use of the ligature as a substitute for the lancet in those cases where we do not wish to encounter the loss of blood which must flow before a decided impression will be produced. In uterine, pulmonary, and other profuse and alarming hæmorrhages, I regard the ligature as a *sheet-anchor*.

The excluded blood should be permitted to return to the general circulation by slowly loosening the ligature. The ligature should be broad, best made of kid, but a pocket handkerchief or necktie will answer very well. They may be applied to the arms above the elbows, and the legs above the knees. The number and degree of constriction commensurate to the indications, duly considering the age, sex, and constitution of the patient, etc.

The above suggestions may not be new to many of your readers; nevertheless, I am induced to think their publication may afford timely hints to some of them. Ligatures will often be useful in determining the propriety of bloodletting. When the pulse rises, as it often will, after the veins are compressed, *c. p.*, I never hesitate to draw blood. If the pulse, on the contrary, falls in force, the bloodletting will not be advisable or well tolerated.

I will perhaps, when more at leisure, prepare with greater care a paper on "Ligatures, their Uses and Abuses."

Wm. W. Alexander, M. D.

Athens, Tenn., April 22d, 1867.

News and Miscellany.

Army Orders.

The following circulars have been received from the Surgeon-General's office:

War Department, Surgeon General's Office,
Washington, D. C., January 28, 1867.

Circular Orders, No. 1.

It is known that during the war of the rebellion, there were instances of primary amputation at the hip-joint for gunshot injury, performed at field hospitals, and not made the subjects of special reports to this office. With much difficulty, the details of several such cases have been collected. It is believed that others may remain unrecorded. In order that the data of the office in relation to this operation may be as complete as possible, you are respectfully requested to report any facts, however slight, within your knowledge, in reference to cases of amputation at the hip-joint in the military surgery of the war of the rebellion, bearing upon cases other than those enumerated at page 50 of Circular No. 6, Surgeon-General's Office, 1865.

By order of the Surgeon-General.

C. H. Crane.
Ass't Surg.-General U. S. A.

War Department, Surgeon General's Office,
Washington, D. C., April 4, 1867.

Circular No. 2.

Medical officers and others interested in the progress of medical science, are invited to forward contributions to the Army Medical Museum, which is now prepared for their reception.

Besides interesting medical and surgical specimens, which will be forwarded as heretofore, the following classes of articles will be collected and forwarded by those medical officers who have opportunities for so doing.

1. Rare pathological specimens from animals, including monstrosities.

2. Typical crania of Indian tribes, specimens of their arms, dress, implements, rare articles of their diet, medicines, etc.

3. Specimens of poisonous insects and reptiles, and of their effects on animals.

Attention is called to Circular Order No. 3, dated Surgeon General's Office, April 3, 1867, a copy of which is herewith forwarded.

J. K. Barnes,
Surgeon General, U. S. A.

—— Cholera is reported to have broken out at Port Glasgow and Jersey. It is re-appearing at Berlin, showing epidemic tendencies, and is making great havoc in Nicaragua, where, in one city, Leon of Granada, the deaths number one hundred a day.

—— The *Boston Medical and Surgical Journal* closes a long and elaborate article upon the subject of Female Practitioners of Medicine, with the statement: "We do not believe that women are adapted to the study and practice of Medicine." Upon this subject opinions evidently differ.

Home for Inebriates.

A correspondent of the Cincinnati *Lancet and Observer*, writing from Boston, says:

We have an institution, called the *Washington Home*, that has existed about eight years. Its object is to treat and reform *inebriates*. During its existence, 2300 patients have been treated. In the year 1866, there were admitted 349; reformed, 215: improved, 65; incurable, 9. Of the remaining 60, some had died, others have been lost sight of. There were 41 cases of delirium tremens; 410 have suffered from the various forms of mania since the opening of the Home. Most of the deaths that have occurred, have been from phthisis and pneumonia. During the year, 34 returned a second time; 18, a third; 6, a fourth, and 2 for a fifth.

Inebriety is here treated as a disease, and the results have been most encouraging. Among the few of the leading occupations of those admitted, I find that there were, merchants, 56; clerks, 68; lawyers, 8; doctors, 6; clergymen, 3; printers, 11; actors, 5; chemists, 2.

The Population of Rhode Island.

The *Providence Journal* contains a list of the towns and cities of Rhode Island, with their population on the first of June 1865.

The list contains the names of two cities, and 166 villages in the State. The population of Rhode Island, according to this division, is located as follows:

	Population.	
2 cities - - -	67,283, or - -	36.37 per cent.
166 villages - -	80,042, " - -	43.28 "
Rural population,	37,640, " - -	20,25 "
Whole State, - -	184,965 or -	100.00 per cent.

It is probable that no State in the Union contains so large a per centage of population living in cities and villages.

Omitting the two cities, the number of villages in the State, of different sizes, is as follows:

1,000 inhabitants or more - - - -	16
500 to 1,000 inhabitants - - - -	15
300 to 500 " - - - -	23
200 to 300 " - - - -	21
100 to 200 " - - - -	40
Less than 100 " - - - -	51
Whole number of villages - - -	166

A Chemical Theory of Cell Formation.

Dr. C. Montgomery, has written a very remarkable paper, read before the Royal Society, December 20, 1866, on the above subject. The whole paper has a very particular interest, and his facts are well worth verifying by all who have an opportunity of doing so. From preliminary observations rationally treated, the above gentleman made the following experiments: A viscid substance was required, and myeline, after a long search, was found to be the one. When to myeline in its dry amorphous state water was added, slender tubes were seen to shoot forth from all free margins, being sometimes wonderfully like nerve tubes in appearance, flexible and plastic. From this, crystallization was inferred, and this extension was prevented by an intimate admixture with the white of an egg; clear globules resulted from imbibition of the viscid substance. By further extensions of this observation and similar ones, globules with lively molecular movement were found. A typical cell with nucleus, and even nucleolus, and the "white margin so often mistaken for a cell wall, was always present." This latter fact will be a decisive answer to Mohl's theories. Mother cells were formed. Lastly, globules were obtained with another inclosed smaller globule, and this was sometimes multiple, like the typical pus cell. If, instead of water, serum be added to the thinly spread myeline, biconcave disks will form, only generally much larger than blood corpuscles. The changes in theory effected by these precise facts, will, of course, be very great. The author observes that 'cells' being thus merely the result of chemical changes, they can no longer afford a last retreat to those specific forces called vital.—*Chemical News.*

An Extinct Race.

One of the most remarkable races that ever inhabited the earth is now extinct. They were known as the Guanches, and were the aborigines of the Canary Islands. In the sixteenth century, pestilence, slavery, and the cruelty of the Spaniards succeeded in totally exterminating them. They are described as having been gigantic in stature, but of a singularly mild and gentle nature. Their food consisted of barley, wheat, and goat's milk, and their agriculture was of the rudest kind. They had a religion which taught them of a future state of rewards and punishment after death, and of good and evil spirits. They regarded the volcano of Teneriffe as a punishment for the bad. The bodies of their dead were carefully embalmed and deposited in catacombs, which still continue to be an object of curiosity to those who visit the island. Their marriage rites were very solemn, and before engaging in them the brides were fattened on milk. At the present day, these strange people are totally extinct.

Professor Agassiz's Museum.

The report of Professor Agassiz, director of the Museum of Comparative Zoölogy at Cambridge, for the past year, has been laid before the Massachusetts Legislature. The principal work of the year was the reception and arrangement of the immense collections made in Brazil by Professor Agassiz, yet there are still about sixty kegs and cases not unpacked. In the class of fishes no less than fifty thousand specimens were actually counted, representing over two thousand two hundred species, two thousand of which are probably new to science. The various departments of the institution have not been suffered to languish, however, and considerable additions and exchanges were effected. As it was deemed best to begin the Museum in a small building, and enlarge it as its wants increased, the present building has become full to overflowing. The collection of reptiles is probably the largest in

the country, and may compare favorably with those of the old world. That of fishes exceeds anything now existing, exceeding those of the British Museum and Jardin des Plants taken together. The number of species of this class of vertebrates is more than nine thousand. No museum is richer in its collection of radiates. Certain branches of natural history have been fostered, to the neglect of others, in order to fill wants not supplied by other museums, and to avoid the mistake often made by such institutions of repeating each other.

—— Smoking was not long since accused by a celebrated French surgeon of being a frequent cause of deafness. And now comes M. Viardin and reports three cases of amblyopia from the same cause.

ARMY AND NAVY.

NAVY.

List of changes, etc., in the Medical Corps of the Navy, during the week ending May 4th, 1867.

Surgeon J. M. Foltz, detached from Naval Medical Examining Board, and ordered to report on June 1st, proximo, for duty on board the Franklin, and as Fleet Surgeon European Squadron.

Surgeon M. Durall, ordered to report on May 20th for duty on board the U. S. S Guerriere, and as Fleet Surgeon South Atlantic Squadron.

Surgeon James Suddards, ordered to the U. S. S. Oneida.

Surgeon Jos. Wilson, ordered as President of the N. Med. Board at Philadelphia.

Surgeon E. R. Denby, ordered as member of N. Med. Board, Phila.

Surgeon H. C. Nelson, ordered as Recorder of N. Med. Board, Phila.

Passed Ass't-Surgeon D. R. Bannan, detached from Navy Yard, New York, and ordered to Franklin June 1st.

Ass't Surgeon Robert Redington, detached from Receiving Ship New York, and ordered to the U. S. S. Franklin, June 1st

Passed Ass't. Surgeon Edward R. Dodge, ordered to duty at Navy Yard, New York.

Passed Ass't Surgeon J. D. Murphy, ordered to the U. S. Naval Hospital, New York.

Passsed Ass't Surgeon W. K. Van Reypen, detached from U. S. S. Lenapee, on reporting of his relief.

Assistant-Surgeon J. S. Ramsey, ordered to the U. S. S. Lenapee.

Surgeons David Harlan, Robert Woodworth, R. T. Maccoun, ordered to report on May 20th, as members of a Medical Board to examine midshipmen for promotion.

Surgeon N. Pinkney, ordered to report on the 20th inst., as a member of a Board of Visitors at Naval Academy.

Act'g Passed Ass't-Surgeon D. C. Burleigh, detached from the Memphis, and placed on waiting orders.

MEDICAL SOCIETY OF NEW JERSEY.

The next Annual Meeting of the Medical Society of New Jersey will be held in the City Hall Buildings at Newark, on the fourth Tuesday of May, (the 28th,) at half-past 7 o'clock, P. M.

WM. PIERSON, Jr.,
Recording Secretary.

Orange, N. J. April 26, 1867. 530—t.f.

MARRIED.

[Notices inserted in this column gratis, and are solicited from all parts of the country; obituary notices and resolutions of societies at ten cents a line, ten words to the line.]

Andrews—Nast.—On Thursday evening, April 25th, at the M. E. Church in Berea, by Bishop Kingsley, W. J. Andrews, M. D., of Muncia, Ind., and Josephine Pulte Nast, of Berea, Ohio.

Coulter—Irwin.—By Rev. W. R. Marshall, March 18th, Dr. James H. Coulter, of Columbus, and Miss Emily J. Irwin, of Cincinnati, Ohio.

Birdsall—Lines.—On Thursday, May 2, at the residence of the bride's parents, by the Rev. A J. Canfield, Daniel Thornton Birdsall and Fannie, daughter of Dr. O. T. Lines, of Brooklyn.

Martin—Brown.—On Thursday, May 2d, 1867, at the residence of the bride's parents, by the Rev. Edward Stratton, D. U. Martin, M. D., of this city, and Miss Annie D., daughter of Mr. Addison Brown, of Greenport.

Peddle—Ball.—At Terre Haute, Ind., on Tuesday, April 30th, in the Congregational Church, by the Rev. Mr. Cheever, Charles R. Peddle and Mary E., daughter of Dr. E. V. Ball.

DIED.

Coit.—Suddenly, of heart disease, at San Francisco, Cal., on Tuesday, April 16th, 1867, Benjamin B. Coit, M. D., of Norwich, Ct., and formerly of the city of New York.

Davies.—At Birmingham, March 3, 1867, of circumscribed false aneurism of the descending thoracic aorta, caused by being thrown from his horse, J. Redfern Davies, at the early age of 32. He was favorably known in this country from having served as Assistant Surgeon in the U. S. Army during the late war, and by his excellent surgical acquirements.

Goodsir.—At Waldie, near Edinburgh, March 6, 1867, in the 53d year of his age, John Taylor Goodsir. He succeeded, in 1846, Dr. Monro in the chair of Anatomy in the University of Edinburgh, as an original inquirer enjoyed a most extensive reputation.

Hays.—On the 4th inst., William L. Hays, M. D., in the 26th year of his age.

Lindsey.—In Norridgewock, Maine, April 7th, Sarah, wife of Stephen D. Lindsey, Esq., and daughter of the late Dr. Amos Townsend.

Price.—On 5th inst., at his residence in Aston, Phineas Price, M. D., in the 78th year of his age.

Woods.—On 29th of April, near St. Paul, Minnesota, Wm. S. Woods, M. D., late Surgeon in U. S. Army. His remains will be brought to Pittsburgh for interment, and due notice of funeral will be given.

Dr. Woods entered the army early in 1862, and from a sense of duty consecrated his all to the cause of his country and the relief of suffering humanity. He was ever ready at the call of his fellow-soldiers, and evinced that sympathy with the rank and file in their privations and sacrifices, which marked the humane physician. Dr. Woods served through the Peninsular Campaign under General McClellan, and afterward with his regiment (52d Penna. Vols.) at Hilton Head, and after having had charge of military hospitals at Harrisburg and St. Louis, accompanied Gen. Sully in the expedition against the Northwestern Indians in 1865.

METEOROLOGY.

April,	22,	23,	24,	25,	26,	27,	28.
Wind	S. W.	N. W.	N. E.	N.	N. E.	N.	N. E.
Weather	Cl'dy. Sh'r. Hail.	Clear.	Cl'dy. Drizzling Rain	Cl'dy.	Clear.	Cl'dy. Sh'ry.	Cl'dy. Wite Frost & ice.
Depth Rain							
Thermometer.							
Minimum	49°	40°	37°	40°	43°	41°	32°
At 8, A. M.	61	50	39	49	51	58	46
At 12, M.	76	59	41	52	52	57	52
At 3, P. M.	78	59	40	58	65	58	53
Mean	66.	52.	39.25	49.75	55.25	53.50	45.75
Barometer.							
At 12, M.	29.5	30.2	30.3	30.3	30.2	30.	30.3

Germantown, Pa. B. J. Leedom.

THE

MEDICAL AND SURGICAL REPORTER.

No. 533.] PHILADELPHIA, MAY 18, 1867. [Vol. XVI.—No. 20.

Original Department.

Communications.

HOOPING COUGH AND ASTHMA CURED AT THE GAS WORKS.

By W. S. King, Surgeon, U. S. A.

Of Detroit, Michigan.

Some facts having fallen under the observation of the writer, showing that decided benefit has been derived from a system of direct medication whose claims to unlimited confidence are still *sub judice* he is induced to lay them before the profession, that attention may be drawn to the subject and information elicited from those of extended experience in its use.

It is well known that the gas manufactured from coal for the purpose of lighting our cities, is purified by causing it to pass through a covered chamber containing shelves, on each of which is placed a layer of hydrate of lime. The cover of this chamber is daily taken off, and fresh lime substituted for that which is saturated with sulphur and other impurities. At the time this cover is removed, it has been the practice for the past two years for parents to bring children troubled with hooping-cough, affections of the lungs, *id omne genus*, to the gas works at Detroit, in order that they may inhale the vapor from this lime. The relief afforded is said to be immediate, and the little sufferers are either cured at once or greatly relieved by the first inhalation, a few more visits sufficing to complete the cure. I have only visited this lime room three times, my information being almost entirely obtained from the Superintendent of the Gas works. During my first visit, a case of asthma was relieved at once by remaining in the room for a few minutes; and at my second visit, a poor woman brought three children with hooping cough, who kept up an incessant cough among them at the time of their entrance. As soon as they entered the room containing the lime mentioned, they ceased coughing, and did *not cough again during my stay of nearly thirty minutes.*

Old cases of asthma, and even phthisis pulmonalis, are said to be greatly benefitted, and even cured entirely, by remaining daily a short time exposed to the gases given off by this lime purified, which, without aiming to be chemically accurate, may be inferred to contain:

Carbonic acid gas,
Sulphide hydrogen,
Free coal gas,
Free sulphur,

and from the odor, I should judge also sulphuretted hydrogen.

The inhalation of atomized liquids and vapors, as a curative process in diseases of the air passages is not new. The inhabitants of Solfaterra, in Italy, have long been in the habit of exposing themselves to the vapors of gases which there issue from the earth in the cure of prevalent diseases, and as these inhalations are strongly impregnated with sulphur, the use of sulphurous vapors, which have been long employed and highly recommended by various writers, may have been thus suggested. The writer can recollect more than twenty years ago, of witnessing the good effects arising from the accidental inhalation of sulphuretted hydrogen, and recommending the use of the same to a former Professor in the University of Philadelphia during the paroxysm of asthma. As the sulphites, particularly of lime and soda, have justly acquired much reputation as remedial agents in zymotic diseases, the good effect of the lime inhalation in hooping cough might be due, in part at least, to the action of the sulphite of lime, as that disease has been held by Rosen to be caused by the irritation of an insect or morbid poison, partly inhaled into the lungs and partly swallowed with the saliva. Although our list of remedies, if we include the medicines of those systems which *possunt quia posse videntur*, may bear some proportion to the number of diseases and their causes, yet our ways of applying them to and introducing them into the human body, are very limited, and not to be compared to the countless avenues by which disease gains an entrance when it lays siege to the citadel of life. From the days of Hippocrates to the present, medicine, to be given per *vias naturales*, must be administered either by the stomach or bowels. One need only to glance over the

various medical journals, to see how eagerly the profession is searching for some new method for administration. And now, while so much is being written on the subject of inhalation, a few facts, showing that the people had decided in favor of the process by the *experimentum crucis*, the author thought would not be out of place.

Should the writer find upon further investigation and observation any results worthy of interest, they will be communicated.

Hospital Reports.

Jefferson Medical College, *May* 1*st*, 1867.

Surgical Clinic of Prof. Gross.

Reported by Dr. Napheys.

Amputation at the Shoulder.—(*Performed April* 17.)

Mrs. F. æt. 43. A fortnight ago this patient was presented at the clinic, on account of an affection of the elbow-joint, (vide p. 358.) The disease was of such a nature that nothing could be done in the way of conservative surgery. Amputation was therefore performed at the middle of the arm, when it was found that the bone was diseased in consequence of a previous attack of osteo-myelitis. Two more flaps were then made at the distance of about two and a half inches higher up; when, finding the bone in no better condition, amputation was performed at the shoulder-joint,—one flap being made on the outside, at the expense of the deltoid muscle, which was much wasted, and the other at the expense of the great pectoral and broad dorsal, the edges of the wound being brought together by a number of interrupted sutures and adhesive strips.

The woman has got along admirably well, without an untoward symptom, notwithstanding her unfavorable appearance at the time of the operation. The ligatures have all come away, and the edges of the wound have united. She is on the use of the tincture of the chloride of iron, with a little quinine,—twenty grains to the ounce. She has also milk punch and a nutritious diet.

Amputation at the shoulder is a much less serious operation than amputation at the hip. It may be performed with impunity, if the patient is in good condition; whereas, in amputation at the hip-joint there is always great doubt as to the result, no matter what may be the condition of the patient.

Remarkable Morbid Growth.

Mrs. Mary F., æt. 37. This patient was first at the clinic two weeks ago, (vide p. 357,) and again last week. On the last occasion, one of the largest of the numerous excrescences, epithelial in character, affecting the skin of the right breast, was ligated. Its narrow pedicle was constricted, so as to induce sloughing in the main mass, which came off Sunday night last, four days after the operation, without any hemorrhage. The parts present now a much more seemly condition. Another tumor, which was constricted a week ago, was clipped off. A dressing of a weak ointment of nitrate of mercury was ordered. The fetor after the ligation was allayed by permanganate of potassa,—the most powerful of all the deodorizers, and perfectly unirritating, in the proportion of half a grain or a grain to the ounce of water.

Specimen of Stump after Pirogoff's Operation.

Prof. Gross stated in his didactic lectures at the close of the winter session, that he had recently performed Piregoff's operation on a young woman, on account of caries and necrosis of the tarsal and metatarsal bones. This was done, as he informed the patient, her husband and friends, against his judgment, as he is opposed to any amputation at the ankle-joint, if it be possible to avoid it. In the higher classes of society such an operation may be proper; but among the middle and lower classes, those obliged to earn their subsistence by daily labor, the amputation at the ankle-joint, as performed by Mr. Syme, and known as his operation, and the modification of that operation by Pirogoff, are both bad, and ought, as a general rule, to be discarded. It is much better to amputate higher up, on the middle of the leg, or a little above the inferior third, at either of which points a long stump is obtained, sufficient for the ordinary purposes of life.

In the case alluded to, Prof. Gross performed a modification of Pirogoff's operation, which occurred to him some years ago in reflecting in the subject, which consisted in leaving the external and internal malleoli, and bringing up the wedge-shaped portion of the heel-bone between them, their cartilagineous surfaces having been first well abraded. The parts were brought into admirable apposition, and the case went on doing well for a number of weeks. Abscesses, however, formed, first on the inner and then on the outer side of the tendo-Achillis, requiring the use of the knife to let out the matter, which had a disposition to burrow. Notwithstanding this, the case progressed tolerably well until four or five weeks ago, when it became evident that there was some mischief going on within, which, by means of the probe, was ascertained to consist in ulceration of the extremities of the tibia and fibula. The attempt was made last Friday to scrape away, by means of the gouge and chisel, all the diseased structure, but there was so much vascularity in the parts, in consequence of long-continued irritation, that it had to be abandoned. The only thing proper remaining to be done was to amputate the limb, which operation was performed at the distance of five, or five and a half inches, above the ankle-joint, by two flaps; the anterior at the expense of the common integument, the posterior at the expense of the muscles of the calf. The woman is doing well.

The stump was exhibited, to adduce another example of the bad effects of a bad operation.

Scrofulous Abscess of the Neck.

Joseph McC., æt. 13. This patient has had a swelling for a year, situated over a portion of the sterno cleido-mastoid muscle of the right side.

No pain in the part. The swelling is quite tense, but it fluctuates. The finger when pressed on it sank in, and the fingers applied so as to make alternate pressure developed fluctuation, and determined the presence of matter.

The abscess was opened, and a quantity of imperfectly formed, greenish-yellow pus, intermixed with a great deal of fatty matter and sero-oleaginous fluid, was evacuated. This is not the kind of pus found in an acute, phlegmonous abscess, which is yellow and consistent, containing an immense number of pus globules. There is nothing here like a distinct pyogenic membrane, and yet there is a sort of wall, which forms the boundaries of the abscess.

This chronic or strumous abscess is connected generally, if not invariably, with a peculiar condition of the system; a taint which is frequently hereditary, sometimes syphilitic in its origin. It is met with frequently in persons suffering from tubercular consumption, and in those liable to coxalgia, Pott's disease of the spine, etc. It being then merely a local manifestation of a constitutional taint or impress, it is necessary to address remedies to the system as well as to the part.

He was ordered to paint the part once in twenty-four hours, with tincture of iodine, which is sorbefacient, keeps down inflammatory action, and changes the condition of the tissue, and to wash out the cavity several times in a day, with a solution of permanganate of potassa. He was directed internally, two grains of the iodide of potassium, one-twentieth of a grain of the bichloride of mercury, and fifteen drops of the syrup of the iodide of iron, as an alterent and tonic. He was told to take exercise in the open air, light nutritious diet, and, occasionally, five grains of blue mass.

Encephaloid of the Antrum of Highmore.

William E., æt. 38. This patient, a hard-working man, has a tumor on the right cheek, of about three months' duration. It pains him mostly at night. He has lost flesh and strength. He had the molar teeth of the upper jaw on that side extracted, on account of their looseness and soreness. He noticed the swelling about two weeks after the teeth were removed.

There is now quite a large tumor connected with the upper jaw, in all probability growing from the antrum, for the portion of the cheek corresponding with the antrum is enlarged. The soreness and looseness of his teeth were caused by the encroachment of this tumor, formed originally in the antrum, upon, and thus gradually displacing them. Sometimes there is reason to believe that this disease begins in the socket of a tooth, the lining membrane of the root suffering, but most commonly the antrum is primarily involved.

This disease is not to be regarded, in a true sense of the term, as an epulis. It is fungus hematodes, soft cancer, medullary sarcoma, cerebriform cancer, or encephaloid, the last synonyme, devised by Laennec in 1806, being the term by which it is usually recognized at the present day. This disease is liable to occur in different parts of the body, involving a greater number of organs than scirrhus; it also runs a more rapid course than hard cancer, and is capable of acquiring a greater bulk, in consequence of its greater vascularity and more rapid cell-formation; the cells are much more cordate than they are in scirrhus, and are exceedingly numerous.

There does not seem to be any enlargement of the lymphatic ganglions at the angle nor base of the jaw, nor in the parotid region. The disease appears to be localized, confined to the upper jaw. It does not involve the palate portion of the maxillary bone on the other side, not seeming disposed to jump over the boundary line or raphé formed by the junction of the horizontal plates of the superior maxillary bones. It is only on rare occasions that the disease extends over this line or suture. The only thing to be done is to remove the tumor, and with it nearly all of the superior maxillary bone.

He was ordered to take three grains of blue mass and two grains of the compound extract of colocynth, every fourth night, to act upon the secretions and gently open the bowels, and also iron and quinine, a plain, simple, and nutritious diet, and exercise in the open air. His mouth will be gargled frequently with permanganate of potassa.

Club-Foot Cases.

Case 1st. Equino varus. This child, eighteen months of age, was operated upon sixteen months ago, but the after-treatment was neglected. The operation is always successful when the after-treatment is properly conducted. The apparatus should be constructed previous to the operation, and be applied at once or within a few days, and the case carefully superintended for months. The child was placed under the influence of chloroform and the tendo-Achillis divided subcutaneously, bringing down the heel at once. The apparatus was then adjusted.

Case 2d. This child, five years of age, is also affected with varus. A bursa-mucosa has formed on the side of the instep, in consequence of the child pressing upon the part in walking. She has been wearing an apparatus since birth, without any operation having been performed. The leg of the affected foot is much smaller than the other, the muscles having become partially atrophied. The tendo-Achillis was divided subcutaneously and Scarpa's shoe at once adjusted.

Case 3d. This little girl, four years of age, presents a curious conformation of the left foot. There is a remarkable cavity in the sole of the foot, and a marked prominence of the substance of the heel. She walks altogether on her heel, elevating the toes, the heel, in consequence, becoming atrophied. This deformity is due to the contracted condition of the anterior tibial muscle and the extensor of the great toe. These tendons were divided and the toes brought down. The child was ordered to have an apparatus constructed, so arranged as to bring down the anterior portion of the foot, instead of the heel, as is done by the ordinary club-foot apparatus.

Anchylosis of Knee.

John A., æt. 3. His left knee has been affected for seven months. It is greatly enlarged. There is no preternatural heat of the part, show-

ing that there is now nothing like active inflammation going on. The leg is wasted, the muscles having become atrophied, as is very commonly the case in joint affections, owing, first, to the fact that the muscles cannot be exercised to the extent natural to them, and secondly, to the alteration of their nutrition, in consequence of the pain experienced, as is seen in many instances of rheumatism, gout, and neuralgia. The thigh also is wasted. The swelling of the joint appears greater than it really is, in consequence of its contrast with the wasted condition of the leg and thigh. There is also contraction on the part of the ham-string muscles, which it may be necessary to divide subcutaneously. Such an operation should not, of course, be performed if there were active or subacute inflammation of the articulation. The swelling in this case is the result of interstitial deposit, in consequence of previous inflammation.

The child was placed under chloroform and forcible extension made. It was not found necessary to effect division of the ham-string muscles. It is doubtful whether the joint can be restored to its pristine condition, but its motion may be greatly increased.

The knee was ordered to be well washed once in the twenty-four hours, and rubbed with soap liniment. Should the parts resent this interference, a sugar of lead lotion will be applied, a light aperient given, and light diet and perfect rest of the articulation enforced.

Cleft-Palate Complicating Hare-Lip.

This boy, four years of age, has cleft-palate and hare-lip. For the former deformity nothing can be done at present, the child being too young. When older, an obturator made of vulcanized rubber may be employed, or the operation of staphyloraphy performed.

Chloroform was administered, the lip detached from the gums, and a V-shaped portion cut out, embracing the fissure. The parts were brought accurately in apposition by means of long pins, and union by the first intention hoped for.

New Re-agent for Glucose in Urine.

The *Gazette Médicale* gives the following methods for testing diabetic urine:

Precipitate a solution of acid nitrate of bismuth by a great excess of caustic potash, and pour a solution of oxide of bismuth drop by drop, into the moderately heated solution, until the precipitated hydrate of bismuth is completely redissolved.

To recognize a diabetic urine, heat a portion with the above solution.

After a few minutes' ebullition, the urine becomes brown and metallic, bismuth is then precipitated in the form of a black powder of crystalline appearance, adherent to the glass, if glucose is present.

Urea and uric acid do not precipitate this reagent. Albumen only causes a brown color and a slight turbidity.—*Amer. Journal of Pharmacy, May.*

Medical Societies.

18TH ANNUAL MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

First Day—*Tuesday, May 7th.*

The Eighteenth annual meeting of the American Medical Association commenced its sessions at Hopkins' Music Hall, Cincinnati, on Tuesday, May 11th, 1867.

At eleven o'clock the President of the Association, Dr. Henry F. Askew, of Delaware, called the meeting to order. Rev. Dr. Storrs, of Cincinnati, offered a prayer.

Dr. John A. Murphy, as Chairman of the Committee of Arrangements, then made the following

ADDRESS OF GREETING.

Mr. President and Gentlemen of the Association:

It is my pleasant duty to greet you on this occasion, and to give you a cordial welcome to this city. I welcome you also on behalf of the profession, and of the citizens at large.

Seventeen years ago this Association honored us with a meeting. Now, as then, we are happy in having the pleasure of greeting representatives from all parts of our beloved country.

It is, then, sir, with feelings of no ordinary pleasure, that I welcome this Association—American by name, national and catholic in spirit—once more to the hospitalities of our city. Its history is bright with the names and labors of the great and good of all parts of our country.

It has harmonized the profession, elevated its tone, stimulated a desire for a higher standard of medical education, and, above all, has drawn a line as of fire between the scientific physican and the empiric, by adopting the Code of Ethics.

Its power for good is hardly to be estimated. Its yearly transactions have received high commendation. No man in the profession can be indifferent to it. Much remains to be done to make its labors still more valuable.

Without any power from the State or the National Government, to execute its mandates, it must, for the future as in the past, rely on the union, enthusiasm and scientific labors of its members.

Having the highest confidence in the capacity of the Association for usefulness, and trusting that its labors may be still more conducive to the advancement of the science and improvement of the art, I bid you God speed in your efforts, and again most heartily welcome you to our city and our homes, as distinguished and honored guests.

It was then announced that ladies are invited to all the sessions and recreations of the Association, excepting to the banquet at Melodeon Hall, and that upon application of their gentlemen friends, ladies will be provided with the necessary accommodations by the Committee of Arrangements.

The place of meeting of the several Sections was announced, as also the entertainments provided for the members by the profession and citizens of Cincinnati, as follows:

Receptions.

On Tuesday evening an entertainment to be given by the profession of Cincinnati, at Melodeon Hall.

On Wednesday, May 8th, at 4 o'clock, P. M., by Mr. and Mrs. George H. Pendleton, at their residence in Clifton. Carriages will leave Hopkins' Hall at 2½, P. M.

On Thursday, at 12, M., May 9th, steamboat excursion in honor of the American Medical Association, by the City Council of Cincinnati, the steamer America leaving the landing at Vine street, at 12, M., precisely.

On Thursday evening, May 9th, from 8 to 12, P. M., by Mr. and Mrs. Larz Anderson; Hon. C. F. Wilstach, Mayor of the city, and Dr. and Mrs. George Mendenhall.

The Chief of the Fire Department, Enoch Megrue, Esq., to give an exhibition of the Steam Fire Engines, Thursday morning, at 9, A. M.

Messrs. W. P. & F. P. Anderson, proprietors of Longworth's Wine House, to receive the delegates at 9, A. M., Friday, May 10th, at No. 113 East Sixth street.

Excursion to Longview Lunatic Asylum. Reception by the Superintendent, Dr. O. M. Langdon, Friday, May 10 h, at 4, P. M. A special train to leave the Cincinnati, Hamilton and Dayton depot at 3½, P. M., for the Asylum.

The following railroads cheerfully furnished commutation tickets: Baltimore and Ohio; Little Miami; Cincinnati and Marietta; Kentucky Central; Cleveland and Columbus; Hamilton and Dayton; Dayton and Michigan; and Cincinnati and Great Eastern.

After the calling of the Roll, the President, Dr. ASKEW, delivered his inaugural address, an hour in length, but pertinent and important as it was comprehensive, of which the following is a very brief synopsis:

He first referred to the origin of the Association, and sketched its usefulness in its history for the past eighteen years, showing how it had elevated and rendered more efficient the medical profession in the United States. The membership included about three thousand practitioners, scattered in every section of the country, through whose influence the power of the Association was disseminated and exerted among the profession at large. The printing of the reports and papers submitted to the Association, in the volume of annual published proceedings, was instrumental in spreading a knowledge of the facts discovered and experimented upon by the more scientific.

He called attention to the fact that never more than 1100 of these volumes had been distributed, and of late years only 500 volumes, whereas they should be in the hands of every intelligent and progressive physician.

He treated briefly of specialties in medicine. He admitted that the science of medicine, in connection with the endlessly varied forms of disease, was too vast to be comprehended fully and practically by any one mind, and therefore devotion to any one or a few branches of the art of curing disease was not to be condemned; but he suggested that, inasmuch as the special practitioner was likely to be unfamiliar with and unskilled in regard to the general symptoms or general causes of special diseases, consultations between the special and general practitioners would be conducive of good results. Neither should entirely ignore the other.

In regard to empiricism, the President said the profession was in some degree responsible for its existence. It had formerly frowned upon all dissemination of medical knowledge among the people, leaving them the prey to pretenders. The teaching of physiology, botany, etc., in our schools, was a step in the right direction, which he hoped would be continued in other departments of medical knowledge.

The subject of a better grading and more thorough instruction in medical colleges was urged upon the consideration of the Association.

The practice of using opium as a stimulant, by respectable people, who condemn the use of intoxicating drinks, was adverted to, and its destructiveness of health and life urged as considerations why physicians should exert their influence to check the evil; that influence might be brought to bear upon our Legislatures, to secure enactments against the sale of the drug, except on prescriptions.

On motion, a copy of the address was requested for publication.

Reports of Committees

were next called for as follows:

1. On Quarantine—Dr. Wilson Jewell, Pennsylvania, Chairman. No report. Dropped.
2. On Ligature of Subclavian Artery—Dr. Willard Parker, New York, Chairman. Postponed.
3. On Progress of Medical Science—Dr. Jerome C. Smith, New York, Chairman. No report. Discharged.
4. On the Compraative Value of Life in City and Country—Dr. Edward Jarvis, Massachusetts, Chairman. Postponed.
5. On Drainage and Sewerage of Cities, etc.—Dr. Wilson Jewell, Pennsylvania, Chairman. No report. Discharged.
6. On the Use of Plaster of Paris in Surgery—Dr. James L. Little, New York, Chairman. Referrd to Section on Surgery.
7. On Prize Essays—Dr. F. Donaldson, Maryland, Chairman. Postponed.
8. On Medical Education—Dr. S. D. Gross, Pennsylvania, Chairman. Postponed.
9. On Medical Literature—Dr. A. C. Post, New York, Chairman. Postponed.
10. On Instruction in Medical Colleges—Dr. Nathan S. Davis, Illinois, Chairman. Special order for 10, A. M.
11. On Rank of Medical Men in the Army—Dr. D. H. Storer, Massachusetts, Chairman. Wednesday the 8th.
12. On Rank of Medical Men in the Navy—Dr. W. M. Wood, U. S. N., Chairman. Reported progress. Continued.
13. On Insanity—Dr. Isaac Ray, R. I., Chairman. Report presented. Postponed.

14. On American Medical Necrology—Dr. C. C. Cox, Md., Chairman. Referred.

15. On the Causes of Epidemics—Dr. Thos. Antisell, D. C., Chairman. No report.

16. On Compulsory Vaccination—Dr. A. N. Bell, N. Y., Chairman. No report.

17. On Leakage of Gas-pipes—Dr. J. C. Draper, N. Y., Chairman. Reported progress. Continued.

18. On Alcohol and its Relations to Man—Dr. J. R. W. Dunbar, Md., Chairman. Referred to Section on Hygiene.

19. On the Various Surgical Operations for the Relief of Defective Vision—Dr. M. A. Pallen, Mo., Chairman. Committee discharged by request.

20. On Local Anæsthesia—Dr. E. Krackowitzer, New York, Chairman. No report.

21. On the Influence upon Vision of the Abnormal Conditions of the Muscular Apparatus of the Eye—Dr. H. D. Nyes, New York, Chairman. No report.

22. On the Comparative Merits of the Different Operations for the Extraction of Vesical Calculi—Dr. B. J. Raphael, New York, Chairman. No report.

23. On the Therapeutics of Inhalation—Dr. J. Solis Cohen, Pennsylvania, Chairman. Referred.

24. On the Deleterious Articles used in Dentistry—Dr. Augustus Mason, Massachusetts, Chairman. Continued to next year.

25. On Medical Ethics—Dr. Worthington Hooker, Connecticut, Chairman. Laid on the table.

26. On the Climatology and Epidemics of Maine—Dr. J. C. Weston; of New Hampshire, Dr. P. A. Stackpole; Vermont, Dr. Henry Janes; Massachusetts, Dr. Alfred C. Garratt; Rhode Island, Dr. C. W. Parsons; Connecticut, Dr. B. H. Catlin; New York, Dr. E. M. Chapman; New Jersey, Dr. Ezra M. Hunt; Pennsylvania, Dr. D. F. Condie; Delaware, Dr. ——— Wood; Maryland, Dr. O. S. Mahon; Georgia, Dr. Juriah Harriss; Missouri, Dr. George Engelman; Alabama, Dr. R. Miller; Texas, Dr. Greensville Dowell; Illinois, Dr. R. C. Hamil; Indiana, Dr. J. F. Hibberd: District of Columbia, Dr. T. Antisell; Iowa, Dr. J. W. H. Baker; Michigan, Dr. Abraham Sager; Ohio, Dr. J. W. Russell.

Drs. Alfred C. Garratt and R. C. Hamil responded, and their reports were referred to the Section on Meteorology and Epidemics.

The Report on Rank of Surgeons in the Navy,

By Dr. Pinckney, a surgeon in the U. S. Navy, with the rank of Commodore, excited a great deal of interest and approbation. It was a most bitter and dignified protest against the discrimination made between officers of the line (military men purely) and the surgeons in the naval service in regard to title, pay, and official and social privileges. He contended that while men of the medical profession were everywhere recognized as the equals of those in other professions, in the navy they were degraded below the military, inferior in age, in experience, and rank. He said:

Our service is overgrown with usages which sprung up in the earlier and ruder ages of naval life, and still cling to it with a power and tenacity which almost defy modern enlightenment, progress, and even law. It is probable that the national authorities which organized the existing rank of medical officers intended to confer a more substantial fact than the usages of shipboard life have permitted. Among the usages of the service is that which limits an officer's rights and comforts to the apartments in which he messes, even though his rank actually entitles him to higher privileges and greater comforts than belong to those of an inferior rank who make up the majority of the inmates of that apartment. The steerage is the most humble of those apartments, and is the dwelling place of the very young, or those of no responsibility. The ward-room gathers in it most of the commissioned and some warrant officers, and was originally occupied by none of higher rank than Lieutenant. All its usages and government are still conformed to the scale of that grade.

Now, make a medical officer in name an Admiral, and leave him to be ward-room officer, and the title becomes ridiculous. It is sunk below the usages and restrictions originally designed for those of junior years and inferior rank.

There is only one mess which is superior to these restrictions, and that is the mess or messes of the commanding officers and their associates, who may range in rank from a Lieutenant Commander to an Admiral. Sometimes there are one, sometimes two of those messes. This is very properly left to the will of the Commander-in-Chief, who may choose that he and his Captains may have one or separate establishments. The Assistant-Surgeon enters the service with the rank of "Master." That this title may not be misunderstood, it may be necessary to explain that it is the lowest rank in the ward-room. For the incumbent is in modern times generally a graduate of the Naval Academy waiting his promotion to lieutenancy. Like the "Master," the Assistant-Surgeon at once becomes a member of the ward-room mess, and unless the number of partitioned off or sleeping berths contained in the ward-room are occupied by his seniors, he may have the good fortune to occupy one of those that are dimly lighted by an air port, six inches in diameter. This space is so restricted, and the separation from the common apartments is so slight, that words in an ordinary voice in another become common property. After further presenting the discriminations against Medical men in regard to shipboard accommodations, the Doctor said:

"The general law is that no officer shares in prize money unless his name be borne upon the books of the vessel making the captures; but the Admiral, or Commander-in-Chief has a per centage on all prizes made. The fleet Surgeon, as a member of the Commander-in-Chief's staff, must be with him in the flag-ship, and as a rule at the post of greatest risk, responsibility, and hazard, consequently he is not likely to have his name borne upon the books of the subordinate vessels making captures, and yet no share of prize money is allowed him."

The report suggests the following as the remedy for these evils:

1. After they have reached the rank of Commander, or are filling the position of Fleet Sur-

geon, let them be by right, as they often have been by courtesy, members of the cabin mess. If the mess of the Commander-in-Chief be too exalted a social position for the members of your profession who are filling the important position of Fleet Surgeon, then let them be members by right of the mess of the Commander of the ship and the Fleet Captain.

2. An equitable arrangement of prize money, most important in principle, your Committee hope to see effected. It will, however, require future legislation.

In European countries, the Doctor said, more liberal regulations prevail in regard to naval surgeons than in democratic America.

The late Admiral FOOTE, so justly distinguished for his large medical liberality, advocated the highest rank for naval medical officers. An Admiral among the most distinguished in the service, has authorized it to be officially said that he thought the Fleet Surgeon should in our service, as in the French, be a member of the Commander-in-Chief's staff and family. We regard the present system as opposed to the public interests of the service, which can never be sacrificed to gross indignity without detriment.

The committee offered the following resolution:

Resolved, That a special committee of five be appointed by the President of the Association, to present this subject before the President of the United States and the Secretary of the Navy, and urge the adoption of the changes proposed.

The resolution was adopted with a universal aye, the report having been received with prolonged applause.

On motion, it was resolved to memorialize Congress to enact a law giving a proper share of prize money to medical naval officers.

The following Committee was subsequently announced—N. S. Davis, Illinois; J. M. Toner, District of Columbia; S. D. Gross, Pennsylvania; J. J. Cockerill, Maryland; H. F. Askew, Delaware.

The Secretary announced several volunteer essays, which were referred to the appropriate sections, to come up in regular order.

Report of Committee on Publication was read.

A resolution was offered to abolish the payment of money for prize essays, and substitute a certificate and a hundred printed copies of the essays to the essayist.

The Treasurer's report was read, representing the Association to be in debt, on account of printing last volume of proceedings.

Delegates from the several States were requested to report to-morrow morning one of their number for the Committee on Nominations.

Adjourned till 9 o'clock Wednesday morning.

SECOND DAY—*Wednesday, May 8th.*

The Association met this morning with an increased attendance, the hall being completely filled. President Askew in the chair.

Minutes of the first session read and approved.

On motion, a number of gentlemen were received as "Members by Invitation."

Committee on Nominations.

Delegates from the several States presented the following names as Committees on Nominations:

Vermont—J. N. Stiles.
Massachusetts—H. R. Storer.
Rhode Island—O. Bullock.
Connecticut—B. H. Catlin.
New York—E. Elliott.
New Jersey—Samuel S. Clark.
Pennsylvania—John L. Atlee.
Delaware—H. F. Askew.
Maryland—J. J. Cockerill.
West Virginia—J. C. Hupp.
Ohio—J. P. McIlvaine.
Kentucky—D. W. Yandell.
Indiana—J. S. Bobbs.
Illinois—H. A. Johnson.
Michigan—A. B. Palmer.
Iowa—J. C. Blackburn.
Missouri—B. F. Shumard.
Texas—Dr. Hurd.
District of Columbia—Johnson Elliot.
United States Navy—N. Pinckney.
United States Army—J. J. Woodward.
Wisconsin—N. Dalton.
Kansas—John Parsons.
California—T. M. Logan.
Tennessee—W. A. Atchison.

The Secretary read a letter from Prof. Alden March, donating to the Association photographs of all the Presidents of the Association, a copy of which he transmitted to the proper officer for deposit in the archives. He also said he would add to the collection in the future. The donation was accepted.

Dr. C. C. Cox, Delegate to the British Medical Association, presented a brief report. The Association met at Chester in August, 1866. Dr. Cox described the routine of business, and the social features of the meeting, which were very similar to our own. He said that a disposition was manifested to reciprocate in the appointment of delegates, but there was no evidence before the Association that a delegate was appointed to this meeting.

Delegates to Foreign Medical Associations.

The Chair appointed the following delegates to Foreign Medical Associations for the present year: B. Fordyce Barker, New York; John E. Tyler. Massachusetts; Thos. C. Brinsmade, Troy, New York; Dr. Wilson Jewell, Pa.

Dr. N. Pinckney, United States Navy, Dr. John Hart, New York, and Dr. Charles A. Pope, St. Louis, were appointed delegates to the International Medical Congress of Europe, to be held next summer.

On motion of Dr. W. C. ATLEE, of Philadelphia, Dr. WILSON JEWELL was appointed delegate to the Foreign and International Medical Congress to be held in Paris next August.

Report on Insanity.

Dr. H. R. STORER arose to make an explanation. On yesterday he had made some remarks, when the report of Dr. RAY on Insanity was called for and no response was made, deprecating the fact that the Superintendents of Insane Asy-

lums held themselves aloof from this Association. His remarks, he thought, had been misunderstood, and taken in a too serious and personal light. He was happy to say, that while he was then speaking, Dr. Walker, one of those Superintendents, was on his way to this meeting, with Dr. Ray's report in his pocket. He proposed that Dr. Ray be made a member of the Association by invitation, and that his report be made the special order for to-morrow morning.

Dr. Hibberd objected to departing from the rule of referring such papers to appropriate sections, as it would establish a precedent that might consume valuable time of the Association hereafter.

Dr. Walker explained that he had been delayed on his way by a railroad accident. He was surprised and grieved to learn, on arriving here, that an uncalled for assault had been made on this floor, on members of the Association of Superintendents of American Hospitals and Asylums for the Insane. Every member of that Association would take it to himself, and the feeling could not easily be changed. He repeated the word assault, because the thing had been repeated now for the third time, and he repelled it. No member of that Association would ever again be drawn into this Association to make a personal reply. They had not thought it their duty to connect themselves with this Association, although efforts had been made to get members to come here and join the section on psychology; but if, when they came here, they were to be met with personal attack, this meeting would see the last Superintendent of a Hospital for the Insane. He explained that the reason why they did not unite with this organization was, that their duties and interests as Hospital Superintendents were different from those of ordinary physicians. It was from no want of respect for this Association. They were, however, ready to come in as individuals, and contribute their part in the work of this Association, provided they could be received courteously.

Dr. Gross hoped the report of Dr. Ray would not be referred, but be treated with the courtesy of a hearing in open session.

Dr. Storer again disclaimed any intention to give offence. He had endeavored to satisfy Dr. Walker of this, but he regretted that he had not succeeded.

The report of Dr. Ray was then made the special order for Thursday morning at 10 o'clock.

Report on Medical Education.

Dr. S. T. Gross read a report on Medical Education, which presented very much the same views as were advanced and inaugurated for practice by the convention of medical professors which met here last week, and whose proceedings we have published. He had for twenty years been an advocate for progress in the direction of more thorough attainments, and a more rational mode of imparting instruction, beginning with the elementary and advancing to the more difficult. He condemned entirely the custom of private medical pupilage as worse than useless. The report was ordered to be printed.

Dr. N. S. Davis, chairman of a committee appointed by the Association last year to recommend the assembling of a convention of representatives of the medical colleges of the country, reported that the duty had been discharged, a convention of representatives of a majority of the colleges having met in this city on the 3d inst., a report of whose action was presented for the information of the Association. He stated that the discussions were most thoroughly conducted, and were characterized by the best of feelings.

The report was, on motion, referred to the Committee on Publication.

Prize Essays.

Dr. F. Donaldson, of Baltimore, from the Committee on Prize Essays, reported that they had received eight essays, all of which had been carefully examined, and after fully weighing the merits of each, two had been agreed upon as being the most meritorious, and they had awarded the prize of $100 each to the following:

First. "An Essay on the Causes of Intermittent and Remittent Fever," bearing the motto, "Fortis est Veritas."

Second. "On the Treatment of Certain Abnormities of the Uterus." Motto, "Empiricism in Medicine and Surgery is fast giving way to the Rationalism of True Diagnosis."

The sealed envelopes containing the names of the authors were then opened, and the announcement made that the author of the first is Dr. J. R. Black, of Newark, Ohio; of the second, Dr. Montrose A. Pallen, of St. Louis, Mo.

Referred to Committee on Publication.

Reform in Medical Teaching.

Dr. Sayre, of New York, offered the following:

"*Resolved*, That this Association most cordially approve of the whole action of the Convention of Delegates from the Medical Colleges, assembled in Cincinnati May 3, 1867, and urge its practical adoption by all the Medical Colleges in our country."

Dr. Post, of New York, wished to offer some change in the course of instruction proposed.

Dr. Davis reminded the gentlemen that the college to which he was attached had been invited to be present and take part in the proceedings of that Convention, but had not seen fit to do so. He could at the next meeting of that Association offer any amendment he chose, but this Association has no power to act in the matter.

Dr. C. A. Lee, of Poughkeepsie, N. Y., though not present at the Medical College Convention, approved of all that was done. He had for many years, as a teacher in a Medical College, contemplated just such changes as had been recommended.

The resolution was then adopted.

Prize Essay Matters.

The following resolution, offered yesterday, was taken up:

"*Resolved*, That hereafter the Commitee on Prize Essays be requested to withhold the offer of a prize of $100 each, and that the successful essayists receive in lieu thereof a certificate signed by the President and Secretary, and one hun-

dred copies of the essay, at the expense of the Association."

This resolution was suggested by the failure of the receipts of the Association to pay printing expenses.

Dr. DAVIS, of Illinois, objected to the passage of the resolution, which virtually repudiated the payment of future prizes. The treasury would soon again be full. He would call the attention of the Association to the fourth section of the by-laws. He considered that the Transactions called for more original papers at the expense of bulk. The matter should be better, even if the volume be smaller.

Dr. BIBBINS, of New York, called attention to an amendment that had been proposed two years ago, requiring all members, whether present or absent, to pay an annual fee of $5. By the adoption of this amendment the Association would have ample funds.

Dr. BRONSON, of Massachusetts, was opposed to prospective action.

Dr. ATKINSON, of Penna., called attention to the fact that the Committee were last year obliged to hold themselves personally responsible for the debt. He said that the present funds of the Treasury were even now insufficient to print the matter already in their possession.

Dr. BRONSON thought that the fault lay with the different Sections, who did not exercise the requisite discrimination.

Dr. BIBBINS called the attention of the Chair to the fact that the resolution was in conflict with the by-laws.

Dr. TONER, of District of Columbia, considered that assessments would meet all the necessities of the case. He offered the following:

"*Resolved*, That all members yearly pay five dollars, and that the names of those failing to pay, at the end of three years be designated in the catalogue by a star or cross."

Dr. SAYRE, of New York, moved as an amendment, that the proposed action of the Association be published in the various medical journals.

After a spirited debate, in which several delegates joined, a motion of Dr. DAVIS, to lay the original motion on the table, finally prevailed.

Dr. BIBBINS offered the following:

"*Resolved*, That hereafter the Committee of Arrangements be directed to have the ordinances governing the Sections printed on slips and distributed at the several places where the Sections meet." Carried.

The following papers were read and referred:

Observations on Diseases of the Throat, as seen in the Military Service from 1861 to 1865. By Professor M. K. TAYLOR, M.D. To Section on Practical Medicine.

A Novel Cure of Lithotomy. By Dr. E. WHINNEY, of Iowa. To Section on Surgery.

Ligature of the Subclavian Artery. By Prof. WILLARD PARKER, M.D., of New York. To Section on Surgery.

A communication from Chicago, informing the Association that during 1866, two members of the profession, named, had been expelled from their local Medical Society, for violation of the Code of Ethics.

A communication, proposing that no person who is not a member and supporter of a local Medical Society, where such a one exists, shall be eligible to membership in the American Medical Association.

This being virtually an amendment to the Constitution, it was laid over for one year.

Medical Statistics in the Army.

Dr. BENJAMIN HOWARD, of New York, offered the following preamble and resolutions:

Whereas, There has been issued, and still remains in force, an official order from the Surgeon General of the United States Army prohibiting the communication of any medical or surgical information, by any medical medical officer of the United States Army, to any person whatsoever, without special permission from the Medical Bureau at Washington; thus appropriating, as the official power of the Surgeon-General can compass it, all the valuable experience and statistics of all medical men who have served in the various departments of the United States Army to the exclusive use of the Medical Bureau; and,

Whereas, Under such arbitrary control an official report has already been made tending to create incorrect impressions on scientific questions of great practical importance to the profession and to society; and,

Whereas, It is important to the reputation of all men, who served during the war, that they have the opportunity of correcting such erroneous impressions by an examination of the original records; therefore, be it

Resolved, That it is the opinion of this Association that the monopoly now exercised by the Medical Bureau over the medical and surgical records of the war, is contrary to the genius and catholic spirit of our profession, and obstructive to the highest interests of science and humanity.

Resolved, That the Secretary of War, or other proper authorities, be requested to direct that the original records of the medical and surgical history of the war be rendered accessible, on certain regular days of each month, for purposes of scientific investigation, to all medical men who have served as such in the army of the United States.

Dr. HOWARD spoke at length in support of the resolution. He dwelt upon the jealousy of departments against interference on the part of outsiders. He did not aim at any one in particular as a target; he spoke for the benefit of his profession.

Dr. WOODWARD, U. S. Army, asked for the reading of the preamble and resolutions. He then objected to the ventilation of private grievances on the part of any member. The Surgeon-General of the army, a most efficient officer, was striving to do his duty to the profession; he did not wish those who had contributed nothing to interrupt the business of his bureau for searches. Besides that, the records of the office were now being consulted for the adjustment of pension claims—indiscriminate disturbance of these records was out of the question. He therefore moved that the resolution be laid upon the table, which was carried by a *very decided* vote.

Dr. COX presented advance pooof-sheets of

"Provisional Nomenclature of Disease," which was published in London. Referred to Section on Practical Medicine.

A paper "On Compulsory Vaccination," by Dr. A. N. Bell, of Brooklyn, New York, was presented, and, on motion, referred to Committee on Hygiene.

Dr. Hammer, of Missouri, offered resolutions bearing upon certain irregularities in the profession, which was referred to Committee on Medical Education.

Dr. Gilbert, of New York, exhibited an instrument for the protection of the periosteum in excisions, etc. Referred to Section on Surgery.

Medical Literature.

Dr. Post of New York, read a report on Medical Literature, in which he mentioned among other publications of the year, the Report of the New York Board of Health, in regard to cholera.

Dr. Sayre protested against certain portions of the report as being too highly laudatory of the Board of Health of New York, and as containing matter foreign to the scope of such a report. He also made some remarks upon cholera and quarantine, and claimed that there were few if any cases of that disease to combat, and that these same had been introduced by breakages of the quarantine.

Dr. Davis supported the spirit of Committee's report, and moved that it take the usual course of reference to the Committee on Publications, which was adopted.

Dr. Hibbard offered the following:

"*Resolved*, That the habit of using unofficinal preparations of medicine by the physicians, except where there is no officinal preparation that will answer the purpsse as well, is unscientific and imprudent, tending to demoralize the therapeutist and to encourage irregular pharmaceutists and nostrum makers, and should be abandoned.

"*Resolved*, That the profession should not patronize druggists who are engaged in the manufacture of nostrums."

On motion, tabled.

The Association then adjourned till this morning at 9 o'clock.

[To be continued.]

Chester County Medical Society, Pa.

The Society met in West Chester, the President, Dr. N. S. Marshall, in the chair.

After the usual preliminary business, the following officers were elected.

President—Dr. Wm. S. Malany.

Vice-Presidents—Drs. W. W. Townsend and W. H. Gunkle.

Recording Secretary—Dr. D. G. Brinton.

Corresponding Secretary — Dr. J. P. Edge, Downingtown.

Treasurer—Dr. James M. Good.

Delegates to American Medical Association—Drs. Benj. Thompson, J. P. Edge, and Isaac Thomas.

Chairman of Sanitary Committee—Dr. D. G. Brinton.

A report on the Epidemics and Meteorology of the County for 1866, was presented by the chairman of the Sanitary Committee for that year, and ordered to be forwarded to the State Society.

Dr. Jacob Price related a case of restoration from apparent death of a neonatus by artificial respiration and warmth.

Dr. Edge called the attention of the Society to the bad hygienic condition of the County-house, and a committee was appointed to investigate the subject.

Several new members were proposed, and the Society adjourned to meet on the last Tuesday of October.

Organization of a Medical Society in Clarion County, Pennsylvania.

According to previous announcement, a number of physicians of Clarion county, Pennsylvania, met at the office of Dr. James Ross, Clarion. The meeting being called to order, Dr. J. Bower in the chair, a permanent organization was effected by election to offices, viz.

Isaac W. Mease, President; J. H. Barber, Vice-President; W. M. Clover, Recording Secretary; J. P. Norman, Corresponding Secretary; S. D. Malez, Treasurer.

The members of our Society are as follows, viz.

Drs. James Ross, S. D. Malez, I. W. Mease, John Bower, W. M. Clover, James Stewart, J. P. Norman, J. H. Barber, J. W. Rankin, William Reichard.

We have appointed two delegates to the meeting of the Medical Society of Pennsylvania at Pittsburg, viz., Drs. James Ross and J. P. Norman.

Our Constitution and Bye-Laws have been approved, adopted, and printed.

Medical Society of Clark County, Illinois.

The members met at Marshall. Dr. F. R. Payne in the chair. The roll being called, twenty members answered to their names. The President read a paper on the Importance of Vivisection to the Medical Profession, which was ordered to be published; and subsequently, a second address, on his Experience in the Use of New Preparations, especially of Santonine and Gelseminum. The former had proved in his hands an excellent anthelmintic, the latter a safe and efficient nervous and arterial sedative. Dr. Mitchell and other members corroborated his views.

Dr. Jumper reported a case of epileptic spasms successfully controlled by bromide of potassium in five-grain doses every three or four hours.

Resolutions were passed by the Society, denouncing quacks and quackery, and all those practising on exclusive systems, and seeking to influence the public by advertisements, handbills, and other unbecoming methods.

Dr. Gard was requested to prepare a report on Granular Conjunctivitis, as it appears in the Wabash Valley.

Drs. Payne and Mitchell were appointed delegates to the American Medical Association, and Drs. Gard, Williams, and Price to the Illinois State Medical Society.

The Society then adjourned till the first Wednesday in July.

Reported by J. D. Mitchell, M. D., Secretary.

CONVENTION OF TEACHERS OF MEDICAL COLLEGES IN THE UNITED STATES.

In pursuance of a call of a Committee appointed by the American Medical Association, at its last session, held in Baltimore, May 3d, 1866, delegates from most of the medical institutions of the country met Friday morning May 3d, at ten o'clock, in the faculty-room of the Medical College of Ohio.

Professor DAVIS, of Chicago, Chairman of said Committee, called the meeting to order, and, after stating its object, proposed, with a view to facilitate the perfection of a permanent organization, the appointment of a temporary Chairman and Secretary. This proposition being accepted, Professor A. STILLÉ, of Philadelphia, was elected temporary Chairman, and Professor G. C. E. WEBER, of Cleveland, Ohio, Secretary.

Professor DAVIS, of Chicago, Professor DONALDSON, of Baltimore, and Professor BLACKMAN, of Cincinnati, were appointed a Committee on Credentials. The following-named gentlemen were approved as delegates from their respective colleges:

Professors A. Hammer, of Humboldt Medical College, St. Louis, Missouri; W. N. Byford, Chicago Medical College, Chicago, Ill.; A. Stillé, University of Pennsylvania, Philadelphia, Pa.; A. B. Palmer, University of Michigan; A. B. Palmer, Berkshire Medical College, Massachusetts; Alden March, Albany Medical College, New York; A. J. Steele, Chicago Medical College, Chicago; N. S. Davis, Chicago Medical College, Chicago; Francis Carter, Starling Medical College, Ohio; James M. Holloway, University of Louisville, Kentucky; N. R. Taylor, Medical Department of Iowa University, Iowa; J. C. Hughes, Medical Department of Iowa University, Iowa; G. C. E. Weber, Charity Hospital Medical College, Cleveland, Ohio; F. Donaldson, University of Maryland, Maryland; J. N. McDowell, Missouri Medical College, Missouri; C. G. Comegys, Medical College of Ohio, Ohio; George C. Blackman, Medical College of Ohio, Ohio; E. B. Stevens, Miami Medical College, Cincinnati, Ohio; George Mendenhall, Miami Medical College, Ohio; S. G. Gross, Jefferson Medical College, Philadelphia, Pa.; B. L. Lawson, Cincinnati College of Medicine; —— Read, Cincinnati College of Medicine.

Professor STILLÉ, of Philadelphia, was chosen permanent Chairman, and Professor WEBER, of Cleveland, Secretary.

Professors HOLLOWAY, of Louisville; DAVIS, of Chicago; DONALDSON, of Baltimore; BLACKMAN, of Cincinnati; and MARCH, of Albany, were appointed a Committee to report on the order of the different subjects which were to occupy the attention of the Convention.

After which the Convention adjourned to 4 o'clock, P.M.

FIRST DAY—*Afternoon Session.*

In the afternoon session this committee reported the following distinct propositions for the consideration of the Convention:

"1. That every student applying for matriculation in a Medical College, shall be required to show, either by satisfactory certificates or by a direct examination by a committee of the faculty, that he possesses a thorough knowledge of the common English branches of education, including the first series of mathematics and the natural sciences, and the certificates presented or the results of the examinations thus required, be regularly filed as a part of the records of each Medical College.

"2. That every medical student be required to study not only three full years, but also to attend three regular annual courses of medical college instruction before being admitted to an examination for the degree of Doctor of Medicine.

"3. That the *minimum* duration of a regular annual lecture term, or course of medical college instruction, shall be five calendar months.

"4. That every medical college shall embrace in its curriculum at least *thirteen* professorships, including substantially the following branches, namely: Descriptive Anatomy, Physiology and Histology, Inorganic Chemistry, Materia Medica, Organic Chemistry and Toxicology, General Pathology and Public Hygiene, Surgical Anatomy and Operations of Surgery, Medical Jurisprudence, Practice of Medicine, Practice of Surgery, Obstetrics and Diseases of Women, Clinical Medicine and Clinical Surgery. That these several branches shall be divided into three groups or or series, corresponding with the three years required for medical study. The first, or freshman series, shall embrace Descriptive Anatomy, Physiology and Histology, Inorganic Chemistry and Materia Medica. To these the attention of the student shall be mainly restricted during the first year of his studies, and on them he shall be thoroughly examined by the proper members of the faculty at the close of his first course of medical college instruction, and receive a certificate indicating the degree of his progress. The second, or junior series, shall embrace Organic Chemistry and Toxicology, General Pathology, Public Hygiene, Surgical Anatomy and Operations of Surgery and Medical Jurisprudenae. To these the attention of the medical student shall be directed during the second year of his studies, and on them he shall be examined at the close of his second course of medical college instruction, the same as after the first. The third, or senior series, shall embrace Practical Medicine, Practical Surgery, Obstetrics and Diseases of Women, with Clinical Medicine and Chemical Surgery in hospital. These shall occupy the attention of the student during the third year of his medical studies, and at the close of the third course of medical college attendance, he shall undergo a general examination in all the departments, as a prerequisite for the degree of Doctor of Medicine.

"The instruction in the three series of branches is to be given simultaneously, and to continue throughout the whole of each annual college term; each student attending the lectures on such

branches as belong to his period of progress in study, in the same manner as the Sophomore, Junior and Senior classes each pursue their respective studies simultaneously throughout the collegiate year, in all our literary colleges.

"5. That the practice of selling individual tickets by members of medical college faculties should be abolished, and, in place of it, each student should be charged a specified sum for each annual course of medical college instruction; the sum being the same for each of the three courses before graduating; and any student or practitioner who has attended three full courses in any one college, shall be entitled to attend any subsequent course or courses in that college gratuitously. The fees paid for each annual course of college instruction should be paid to the Treasurer of the college, and subsequently distributed to each member of the Faculty, at such time and in such proportion as the Trustees and Faculty of each college shall determine.

"6. That inasmuch as the maintenance of an efficient Medical College requires a large expenditure of money annually, and inasmuch as there is no reasonable hope of adequate endowments from the several State governments, the exaction of a just and reasonable annual lecture fee is a necessity with which all medical colleges should comply, and that $105 should be the minimum fee for each regular annual course of instruction in any medical college in the United States."

The first proposition was taken up and discussed by Professors Davis, Gross, Comegys, McDowell, Hammer, Taylor, and Palmer, and with an amendment so as to strike out the words "natural sciences," and add "sufficient knowledge of Latin and Greek to understand the technical terms of the profession," it was adopted.

The Convention then adjourned to meet at 9½ o'clock Saturday morning.

Second Day—*Morning Session.*

On Saturday, 4th inst., the Convention was called to order at 9½ o'clock, A. M., by the Chairman, Professor Stillé. The minutes of the preceding session were read and adopted. The Chair then announced that the next business in order was the discussion of Section 2 of the Report of the Committee on the Order of Business, which reads as follows:

"That every medical student be required to study full three years, including three regular annual courses of medical college instruction, before being admitted to an examination for the degree of Doctor of Medicine."

Professor Gross, of Philadelphia, moved to amend so as to insert "four" after study, instead of "three."

Remarks were made by Professors Gross, Hammar, of St. Louis; Davis, of Chicago; Palmer, of Michigan; and McDowell, of St. Louis.

The Convention then suspended the rules, for the purpose of allowing Professor Davis to introduce the following resolution:

"*Resolved*, That in all distinct propositions under the consideration of this Convention, no member shall speak more than once until all others members have spoken who wish to speak." Adopted.

Prof. F. Howard, of Washington City, moved to amend by inserting "not less than three years," instead of "three full years." Lost.

Prof. Gross' amendment was then adopted.

On motion of Prof. Gross, the entire section, as amended, was unanimously adopted.

Prof. Hammar moved to take up for consideration Section 4 prior to Section 3. Lost.

Section 3 was read, viz., "That the minimum duration of a regular annual lecture term or course of medical college instruction shall be five calendar months."

Prof. Gross moved to amend by inserting "six" in place of "five calendar months." Carried.

Section 3, as amended, was then adopted.

Section 4, being next in order, came up for discussion. Prof. Gross moved to discuss the different parts of this section separately. First, that relating to the different branches recommended to be taught in the schools. Second, the number of professorships. Third, the division of studies. Adopted.

Prof. Hammar moved to add to the different branches of Natural Philosophy and Pathological Anatomy.

Prof. Donaldson, of Baltimore, moved to act upon these propositions separately.

The vote on the addition of Natural Philosophy being taken, it was rejected.

The amendment adding Pathological Anatomy was carried.

Professor Byford, of Chicago, moved to amend by including Diseases of Children. Carried.

On motion, the Convention then adjourned to meet at 4 o'clock, P. M.

Second Day.—*Afternoon Session.*

The meeting having been called to order by the chairman, the second part of Section 4 was called up for discussion.

Professor Gross moved to amend by inserting after the words "following branches," "to be taught by not less than nine professors." Carried.

Remarks were made by Professors Gross, Palmer, Davis, Hammar, Howard, and Taylor.

The third part of Section 4, referring to the division of studies, was next considered.

Professor Davis moved to amend, by making that part read as follows:

"That these several branches shall be divided into three groups or series, corresponding with the three courses of medical college instruction required.

"The first, or Freshman series, shall embrace Descriptive Anatomy and Practical Dissections, Physiology and Histology, Inorganic Chemistry, Materia Medica and Therapeutics.

"To those the attention of the student shall be mainly restricted during his first course of medical college instruction, and in these he shall submit to a thorough examination by the proper members of the Faculty at its close, and receive a certificate indicating the degree of his progress.

"The second, or Junior series, shall embrace Organic Chemistry and Toxicology, General Pathology, Morbid Anatomy and Public Hygiene, Surgical Anatomy and Operations of Surgery,

and Medical Jurisprudence. To these the attention of the medical student shall be directed during his second course of medical college instruction, and in them he shall be examined at the close of his second course, in the same manner as after the first.

"The third, or Senior series, shall embrace Practical Medicine, Practical Surgery, Obstetrics, and Diseases peculiar to Women and Children; with Clinical Medicine and Clinical Surgery in hospital. These shall occupy the attention of the student during his third course of college instruction, and at its close he shall be eligible to a general examination on all the branches, as a prerequisite for the degree of Doctor of Medicine. The instruction in the three series of branches is to be given simultaneously, and to continue throughout the whole of each annual college term; each student attending the lectures on such branches as belong to his period of progress in study, in the same manner as the Sophomore, Junior, and Senior classes each pursue their respective studies simultaneously throughout the collegiate year, in all our literary colleges."

After a protracted debate, in which Professors Gross, Palmer, Blackman, Hammar, Davis, and Taylor participated, the motion of Professor Davis prevailed.

Professor DAVIS then moved the adoption of the entire section as amended. Carried.

Section 5 was then taken up, and, upon motion of Professor Palmer, laid on the table.

Section 6, being in order, was read, but on motion of Professor GROSS, was also laid upon the table until Monday morning, 6th inst.

On motion of Professor DAVIS, the convention then adjourned to meet at 10, A. M., on Monday morning.

THIRD DAY.—*Morning Session.*

The meeting was called to order by Professor STILLÉ, at 10 o'clock, A. M.

The minutes of the previous session were read and approved.

The Committee on Credentials announced Dr. T. M. LOGAN, of Sacramento, California, as an authorized delegate from the Faculty of the Toland Medical College of San Francisco.

Professor GROSS moved to reconsider parts of Section 4, relating to the branches to be taught in medical colleges.

Professor HAMMAR moved to suspend the rules for that purpose. Carried.

Professor GROSS moved to amend part first, Section 4, by inserting the words "Medical Ethics" after the words "Medical Jurisprudence."

Professor PALMER moved the adoption of the amendment. Carried.

Professor COMEGYS moved the reconsideration of Section 1.

After suspension of the rules, this motion was adopted.

Professor COMEGYS moved to amend Section 1, by inserting "Elements of Natural Sciences" after the word "Mathematics." Carried.

Professor HAMMAR moved the adoption of the whole section as amended. Carried.

Section 6 was then considered.

On motion of Professor DONALDSON, it was laid on the table.

Professor PALMER then introduced the following resolution:

"*Resolved*, That every medical college should immediately adopt some effectual method of ascertaining the actual attendance of students upon its lectures and other exercises, and at the close of each session of the attendance of the student a certificate, specifying the time and the courses of instruction actually attended, should be given; and such certificate only should be received by other colleges as evidence of such attendance."

The resolution was adopted.

Prof. DAVIS moved the adoption of all the section as amended.

Prof. GROSS moved to transmit a copy of these sections as adopted by this Convention, certified to by its officers, to the American Medical Association, at its next session.

Prof. DAVIS then introduced the following resolution:

"*Resolved*, That a committee of five be appointed by the President, whose duty it shall be to present the several propositions adopted by the convention, to the trustees and faculties of all the medical colleges in this country, and solicit their definite action thereon, with a view to the early and simultaneous practical adoption of the same throughout the whole country. And that the same committee be authorized to call another convention whenever deemed advisable."

The Chair appointed the following gentlemen that committee: Profs. Davis, of Chicago, Donaldson, of Baltimore, Gross, of Philadelphia, March, of Albany, Blackman, of Cincinnati.

The chairman then introduced Dr. VATTIER, President of the Cincinnati Academy of Medicine, who invited the members of the convention to be present at the opening of the Academy in the evening.

Prof. MARCH moved to accept the invitation. Carried.

On motion of Prof. DAVIS, a vote of thanks was returned to the Chairman and Secretary of the convention, for the efficiency with which they have discharged their duties, and to the Faculty of the Ohio Medical College for the use of their hall.

The President returned his thanks to the members of the convention in a neat and appropriate speech.

Prof. STEVENS moved that a formal written thesis on some professional topic shall still be regarded as one of the indispensable requirements of the doctorate.

Remarks were made by Professors Comegys, Stevens, and Donaldson.

Professor DAVIS then rose simply to suggest whether there was not some danger of entering upon the consideration of propositions involving details that might unnecessarily complicate the great leading object for which we have been laboring. Whether the time-honored and universal custom of requiring the medical students to write a thesis, should be insisted on or not, would have but little bearing on the great principles involved in the revision of our system of medical education. If the standard of prelimi-

nary education which we have here adopted should be carried into effect, it would remove one of the objects for which the writing of a thesis was originally demanded. Yet, he said, it was desirable to retain the practice, if for no other purpose than to encourage every student in the habit of expressing his thoughts on paper. But the great and all-important object of this convention was simply to place the system of medical education in this country upon sound educational principles, by erecting a standard of preparatory education, by increasing the period of study, by adding to the college courses, and by determining a national order of study. This we have now done' so far as this convention is concerned, by the harmonious adoption of the five propositions already passed upon. And he earnestly suggested whether we had not better stop here, and devote the remainder of our time to the work of devising the most efficient means to secure the adoption and simultaneous practical execution of the provisions already agreed upon by all the colleges of our country; and leave all minor matters of detail to be determined as time and circumstances should indicate in the future.

Thereupon, on motion of Professor Hammar, the convention adjourned, subject to the call of the Committee.

Editorial Department.

Periscope.

Wholesale Manufacture of Ozone, and Wilde's Electric Machine.

It has long been an idea of ours that ozone might be manfuactured on a great scale for the purification of close courts, and other cholera and fever haunts; and we pointed attention to the enormous electrical power of Sir W. Armstrong's electric boiler, in order to show the possibility of this being done. It is interesting now to note in connection with our idea, that a sugar-refining firm in Whitechapel is setting up one of Wilde's extraordinary electric machines on their premises for the bleaching of sugar: and we do not despair of seeing the same power soon applied as we originally suggested. Wilde's machine has recently been exhibited to the Royal Society at Burlington-house. It is worked by a 15 horse-power steam engine, and possesses wonderful power. The form is magneto-electric, and it has coils four feet high, and ten inches thick, containing fourteen hundred-weight of copper wire. The armature rotates 15,000 times in a minute. The intensity of the light produced by this machine is something almost appalling. It required, like the sun, to be gazed at through colored glasses. By menas of lenses the mere rays of light set fire to paper, and its heat could be felt fifty yards off. It melted the refractory platinum as if it were lead! Various uses for it are being suggested. The total cost of its light is said not to exceed six-pence or eight-pence per hour, cost of the machine itself included. The same sort of machine is used in Manchester for photographic purposes, being preferable, it is said, to the sun for taking photographs. It can also, of course, be made available by night as well as by day.—*London Builder.*

Reviews and Book Notices.

There is some activity in medical literature abroad, as well as at home. From the French press we observe the announcement of a work on children—Dr. E. Allix's "Etude sur la Physiologie de la Première Enfance."

The Imperial Government states that the second volume of the catalogue of medical works in the Imperial library is ready to go to press. How many volumes it will require to finish the catalogue is not mentioned, but as that library is said to contain between two and three million volumes in all, we may look for several more yet.

The *Publishers' Circular* notices that a memorial of Dr. E. K. Sanborn, Professor in the Medical Institution at Pittsfield, and also in the Vermont Medical College, and who died in the service of his country at Ship Island in 1862, has just been printed. It is written by Samuel Burnham, of Boston, and is for private distribution only.

Treatment of Fractures of the Lower Extremity by the Use of the Anterior Suspensory Apparatus. By N. R. Smith, M. D., Professor of Surgery in the University of Maryland. Baltimore: Kelly & Piet. 1867. 8vo., pp. 70. *Price*, $3.00.

This eminently practical work describes minutely the application of Professor Smith's well known and highly valued suspensory splints to all fractures of the lower extremity. It is fully illustrated by cuts and diagrams, and embraces detailed accounts of eleven cases. The great difficulty that is often experienced in dressing compound fractures of the femur without disturbing the position of the limb, would seem to be admirably met by this anterior splint. No better proof of this could be given than that at the Winder Hospital, Richmond, only those cases of gunshot fracture of the thigh treated thus, recovered without amputation. The work is printed on tinted paper, and is very creditable to the energetic publishers.

—— A queer item of information came out in the proceedings of the Board of Health in Cincinnati. There are penned up in houses within the corporate limits of the city *five hundred and eighty one cows.*

Medical and Surgical Reporter.

PHILADELPHIA, MAY 18, 1867.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

RELIGION *vs.* QUACKERY.

We believe the day has gone by, when the old proverb, *Ubi tres medici, ibi duo athei*, could be cast in the teeth of our profession. No business can show among those devoted to it a greater number of true hearted Christians and good men. The best of them have agreed to observe certain rules, called a code of ethics or morals, designed not for the personal advantage of physicians, but primarily for the benefit of the public, and for the common weal. It is sanctioned by mature consideration, and by the unanimous conscience of an honored and learned profession. It contains the fundamental principles of truth and justice, as they apply to the practice of that profession.

Reflecting thus, the greater is our astonishment, on looking over the religious papers of this country, to see how many of them prostitute their columns to quacks and charlatans, who openly and avowedly despise these principles and laugh at these morals. Do the editors of such journals reflect what gross inconsistency they are guilty of, in preaching religion in one paragraph, and opposing common professional morality in the next? Can they expect the blessings they ask, when they aid and abet what a most respectable body of men in all lands pronounces to be criminal? If their consciences are so little enlightened as not to see the evil they thus do, we urge upon the medical world to instruct them by earnest remonstrance, and by pointing out that any body of Christians is in fact disgraced by having a publication, honestly intended for the dissemination of gospel truth, thus used for purposes at variance with ordinary honesty. There are secular journals which positively refuse such advertisements on the ground that they are of evil tendency and impede the advancement of the race. But in only too many religious weeklies do we observe the cancer doctors—one of them, forsooth, calling himself a Reverend—the venders of infallible specifics, the patent-medicine men, having full swing.

The question lies in a nut-shell. The man who knows any really valuable medicine and keeps it secret in order to make money out of it, is a scoundrel who for a few pence leaves thousands to suffer and to die, and is convicted of a gross moral crime by his own evidence. The case is rare; perhaps it never occurs. But the man who pretends to and yet does not know such a specific, is not only guilty to this degree, by intention, as casuists say, but is a common cheat and a swindler besides. Is it right that newspapers whose main object is to disseminate Christianity should countenance such men? Do they appreciate the grave responsibility they assume? Can they defend such conduct?

CARIES OF THE TEETH.

Not long since the *London Lancet* said that it would have a better opinion of dental specialists when they determined the cause of caries. It is perhaps true, that those who have devoted themselves to that branch of medical science—and nowhere with more distinguished success than in the United States—have learned better how to remedy than how to prevent dental decay. Two correspondents of the *Lancet* hastened to explain that the use of food containing little or no osteophosphate of lime, and of bread whitened with alum, were the chief agents in impairing the enamel. These causes seem too local to be sufficient to answer the general question. In the last number of the *Dental Cosmos*, Dr. Robert Arthur says: "Decay is purely the effect produced by acids acting on the enamel and the dentine;" while a few pages previous, soft food, by giving the teeth little to do and leaving deposits around them, is referred to as a frequent cause. The propriety of allowing the first teeth to remain in the gum as long as possible in order to give full development to the lower jaw, is also insisted upon. We are inclined to accept all these opinions, and to recognize both constitutional and local causes as efficient in the case. And if hitherto dental science has failed to discover and apply a preventive treatment, it is, we believe, because it has looked too exclusively on caries as of local origin only. Constitutional treatment aimed to supply the mineral salts that form the enamel and dentine has so far not received the attention that it merits. There is a tendency in every specialty to overlook the close ties which connect every organ with the general economy. And just here, we suspect, does the fling of the *London Lancet* strike. Whether this is not owing to the fact that comparatively few dentists are well grounded in the principles of general medicine and acquainted with the resources of materia medica, may deserve our serious consideration.

Notes and Comments.

Bisulphuret of Carbon.

A correspondent writes us from Morris, Ill., as follows:

I have used in a few cases of purulent ophthalmia the vapor of the "bi-sulphuret of carbon," but not being able to find in any standard work or medical journal to which I have access, a satisfactory description of the nature and uses of this article, I would be pleased to hear from you upon the subject, or from some of your contributors who have had experience with the article.

The curious substance to which reference is made is sometimes, though improperly, called sulpho-carbonic acid. It is used largely in the arts, both in the preparation of caoutchouc and in the manufacture of certain artificial fertilizers. Those who are forced to breathe its vapor suffer from nausea, vomiting and severe dyspepsia, vertigo, loss of mental power and sexual desire, pathological effects that have been well studied by a French surgeon of Montpelier, Jacques Mathieu Delpech by name. As a remedy, we only recall its use by Dr. Smith, of Cairo, Ill., who applied a cloth, wet with the fluid, to the stomach in cases of bilious colic, with, it is asserted, the greatest success. His letter on the subject is in the *Medical Times and Gazette* for 1864. Its very unpleasant odor is the chief objection to its therapeutic employment.—Eds.

—— Summary proceedings are about to be instituted in England against some of those pretended physicians who shield themselves under this much abused name, to pander to a depraved and prurient curiosity by advertising and vending obscene pamphlets. This is an excellent move, and we most sincerely hope that such a step will be taken under our laws, or if that cannot be, that they be so amended, as to allow such knaves to be brought to justice.

—— Sir William Mansfield in a late speech in India related the most favorable hygienic results from the recent order alloting an area of ninety feet to each soldier in barracks. This point had been gained by the energetic action of the medical men of the service.

—— The distinguished Parisian surgeon Jobert (de Lamballe), who for several years has been partially insane, died recently at the private asylum of Dr. Blanche. He had amassed a considerable fortune.

—— Last month Sir James Simpson was in Paris, practicing acupressure by way of demonstration. The general result seems satisfactory, though in a case of excision of the breast erysipelas and death followed in a few days.

Correspondence.

DOMESTIC.

Iodoform as a Constitutional Remedy.

Editors Med. and Surg. Reporter:

Iodoform is the ter-iodide of formyle, and is represented in symbols and equivalents by C2, H I3. It is easily prepared by treating a warm (100°) alcoholic solution of iodide of potassium with chlorinated lime, the deposit is washed in hot alcohol, the remedy in question being alone dissolved, and falls in crystals as the solution cools.

I notice in one or two works on pharmacy it is stated that iodoform is soluble in strong alcohol. I do not find it so in practice, though this may possibly be due to the presence of iodate of lime, which is insoluble, and which may have been retained by carelessness in washing, or added intentionally as a swindle. Even by theory, I should judge pure iodoform to be insoluble, except in large excess of alcohol, for it takes *hot* ninety per cent. to dissolve it from the oxalate of lime in the first solution, and then as the alcohol *cools*, the iodoform is deposited in crystal. It is, therefore, fair to suppose that a much larger quantity of cold spirits would be required to redissolve it.

During the past year, I have tested to some extent the value of this remedy, and I have been sufficiently successful to warrant further attempts in the same direction.

Case I. Mrs. M——, of Greensboro, Md., aged 40, very thin in flesh and sallow, for more than a year has been suffering with severe pain in left leg, from hip to ankle. The pain is much worse at night, and she is often unable to sleep until morning, when the pain seems to wear itself out. There are several small sores on the leg, which follow in successive crops. They appear as small boils, very hard around the base, and they are very slow in forming, then run but little, and heal by a succession of scabs. There is an eruption on the scalp, of several months' standing. It is dry, scabby, and smooth beneath the latter. She has been treated by arsenic, prot-iod. mercury, tonics, quinine, morphia, etc. Locally by innumerable lotions. Her health was fast failing, and her friends showed much solicitude.

I was called to this case July 10th, 1866, and prescribed:

℞. Iodoform,
Ferrum per Hydrogen, āā gr. c. M.
Ft. massa et div. pil. no. c.
S. Two to be taken three times a day.

July 17th. Patient entirely relieved of pain. Sleeps well at night. Appetite improving. Medicine continued.

Several weeks later, the patient made a visit to an adjoining county, and while there, the pain in her leg returned. On her arrival at home, and by the use of the same remedy she was again relieved.

The sores on her leg and the eruption of the scalp were entirely healed. The above prescription was thrice compounded.

Case II. Wm. Bennet, Melville, Md., aged 6 years, has suffered for ten weeks the most intense agony with pain in his stomach. When the paroxysm would come on, he would be drawn into a perfect knot, and his screams could be heard for hundreds of yards. Sometimes the paroxysms would follow each other in rapid succcession for hours; at other times they would appear at intervals of two, three, or four hours during the day or night. Appetite good, and bowels regular. Severe purgation relieved the symptoms. No tympanitis. No enlargement of internal viscera, nor other derangement of organs that could be detected. Fever occasionally in the evening. The child was pale, weak, and despondent.

September 1st, 1866, I was called to see this case by the attending physician, and found the treatment had been so thorough and extended, that there was little room left for any new effort. I advised heroic doses of quinine, morphia, and iron, and promised to see the case in forty-eight hours.

On my second visit I found the patient much easier, but nothing like free from pain, and his parents said he had frequently been as much relieved for a day or two at a time. At this visit I took with me some two-grain pills of iodoform, and directed that one be given every six hours, and to shorten the interval one-half, if necessary. After taking the first pill, the child went to sleep and awakened at the end of four hours, screaming terribly with pain, as he always did, even after taking the largest doses of morphine.

Another pill was administered at once, and then continued as directed. During the next forty-eight hours there was very little pain at long intervals. After this there was none, and the child rapidly recovered his usual health.

Case III. Lizzie Le Compt, Halltown, Del., aged 13. High fever, severe pain in right side, bad cough, expectorates thick yellow mucus. On ausculation a cavity is clearly discernible in upper lobe of right lung. The mother says her child has never been well, has had a cough for a long time. Two or three doctors said they could do nothing for her; that she had consumption and "disease of the liver." The child could not be touched without greatly increasing the pain in her side, and frequency of cough. She had wasted away to a mere skeleton. I advised a turpentine stupe to side, a hot foot bath, syrup of wild cherry, with morphia and brandy occasionally. On my next visit, Jan. 12, I found the patient much relieved, and continued the treatment, with the addition of iodoform and iron, each one grain, three times a day. The other remedies were discontinued in a few days, and the I. and F. continued for a month.

Feb. 15. The patient is playing cheerfully with her little companions, is active, ruddy, fast gaining flesh, and the cough has nearly disappeared.

On auscultation I find respiration quite good over both lungs, save at the upper right lobe, where there is an intensely rough, wet rale. Medicine continued.

I saw this patient a few days since, and she is to all appearances well. Fat, hearty, active, and cheerful; has not complained of pain or cough for two months. There is a little dulness on percussion on upper right breast, and a rasping respiration beneath.

I have used iodoform in several other cases with marked good effect. Two cases of old skin disease that had baffled all other attempts at cure, yielded rapidly.

The medicine is exceedingly volatile, and the pills should always be coated with sugar or foil. The very high price of the remedy is a great drawback to its general use. The best and the cheapest preparation that I have used is from the house of W. R. Warner & Co. of your city. Yet this cost $1.35 per drachm. The pills he prepares combined with iron, one grain each, for $3 per hundred. In two instances I would have given five grains three times a day, but the patient's pocket could not stand it, and I divided the dose, and of course got disproportionately small results. The wealthy can stand this small financial pressure, therefore if the small doses I begin with do not produce at once the desired results, I rapidly increase the dose, knowing that satisfactory effects will certainly appear.

Stiles Kennedy, M. D.

New Medical Baronet.—Mr. Wm. Lawrence, the eminent surgeon, has had the honor of a Baronetcy conferred upon him. He has well earned this distinction by his very long and highly valuable labors for the advancement of surgical science.

News and Miscellany.

Fruit Essences.

Dingler's Polytechnic Journal gives the following table of the composition of artificial fruit essences, showing the number of parts of each ingredient to be added to 100 parts of alcohol—all chemically pure. Glycerine is found in all—it appears to blend the different odors, and to harmonize them:

	Glycerine	Chloroform	Nitric Ether	Aldehyde	Acetate of Ethyl	Formiate of Ethyl	Butyrate of Ethyl	Valerianate of Ethyl	Benzoate of Ethyl	Œnanthylate of Ethyl	Sebacic Ether	Salicylate of Methyl	Acetate of Amyl	Butyrate of Amyl	Valerianate of Amyl	Essence of Orange	Alcoholic solutions saturated in the cold of	Tartaric Acid	Oxalic Acid	Succinic Acid	Benzoic Acid.
Peach.	5				2	3	3	5	5			2									
Apricot.	4	1						5	1			2			1						
Plumb.	8		1	1	5	5		2	1			5									
Cherry.	8		1	1	5	5		2	1			5									
Black Cherry.					10	5	2		2	5		1									
Lemon.	5	1	1	2	10										10						
Pear.	10														10						
Orange.	10	2	1	1	2	1	1	1	1			1			10						
Apple.	10	2	1	1	2	1	1	1	1			1			10						
Grape.	10	4	2	2	2					10		1			5						
Gooseberry			1	1	5					1	1				5						
Raspberry.	4	1	1	1	5	1	1	1	1	1	1				5						
Strawbrrey.	2	1	1	1	5	5	1	1	3	3	1				2						
Melon.					1	1	2	4	5			10			8						
Pineapple.	3	1			1	1	2	5													

—*Scientific American.*

Deaths in Providence, R. I.

Dr. Snow reports that there were 77 deaths in Providence during the month of April, which number was 15 less than in the preceding month; 7 less than in April 1866, and 7 less than the average for April during the last twelve years.

The number of deaths in each month of each of the last five years, and the average for each month in the aggregate for twelve years, 1855 to 1866 inclusive, have been as follows:

	1867	1866	1865	1864	1863	Twelve years average.
January	87	88	103	115	76	86
February	76	68	112	91	101	81
March	92	82	84	96	110	85
April	77	82	85	102	106	82
1st 4 months	332	320	384	404	393	334

The mortality in April was less than in the same month of either of the last five years. It should be remembered that the comparisons are of the actual number of deaths. As the population has increased largely in the last five years, the proportion of deaths to population was much less in the last month than in the preceding years.

There are no indications of epidemic diseases in the city, and no indications of any unusual sickness in any portion of the city.

In the causes of death in April, the number from apoplexy and pneumonia was remarkably large, the number from consumption was remarkably small. A large number of aged persons, and a small number of children, died during the month. There were 21 decedents of the age of 60 years and over, and the same number under 5.

—— Female Practitioners. The Dauphin County Medical Society has reported against women practicing medicine.

——Local Anæsthesia.—Dr. G. E. Stewart, of Franklin county, Pa., reports to us the successful employment of Richardson's local anæsthetic apparatus in the excision of a tumor on the inner surface of the lower eyelid. The lid was everted, a piece of soft sponge used to protect the pupil, and a jet of spray directed on the tumor until the parts assumed a whitish appearance. The growth was then excised without the slightest pain, and the incision rapidly healed.

MARRIED.

[Notices inserted in this column gratis, and are solicited from all parts of the country: obituary notices and resolutions of societies at ten cents a line, ten words to the line.]

Coues—McKinney.—In Columbia, S. C., at Trinity Church, May 3, by the Rev. Dr. Shand, Dr. Elliott Coues, U. S. Army, and Miss Jennie A. McKinney, of Rushford, New York. No cards.

Wendt—Scott.—On Thursday, May 2d, at the residence of the bride's mother, New Sheffield, Beaver co., Pa., by Rev. J. W. Witherspoon, Chris. I. Wendt, M. D. of New Brighton, Pa., and Miss Maggie E. Scott. No cards.

Worth—Harry.—At Sunnyside, the residence of the bride's father, Feb. 20th, 1867, by the Rev. Joseph W. Cook, Mr. Edward Worth and Miss Rebecca H., daughter of Dr. Samuel H. Harry, all of Pa.

DIED.

Cleaver.—On Sunday morning, April 21st, 1867, after a protracted illness of pulmonary consumption, Mrs. Eleanor M., wife of Prof. H T. Cleaver, M.D., of Keokuk, Iowa.

Woods.—April 29th, 1867, at Monticello, Minn., Dr. Wm. S. Woods, in the 35th year of his age.

METEOROLOGY.

April,	29,	30.	1,	2,	3,	4,	5.
Wind	N. E.	N. E.	E.	W,	E.	E.	S. E.
Weather	Cl'dy. Rain	C'dy. Rain.	Cl'dy. Sh'r. t. & l.	Clear.	Cl'dy. Snow.	Clear. Frost & ice.	Clear.
Depth Rain.			9-10				
Thermometer.							
Minimum	35°	36°	48°	39°	35°	32°	35°
At 8, A. M.	41	48	58	54	42	46	47
At 12, M.	46	60	64	59	47	55	58
At 3, P. M.	47	61	58	60	49	56	57
Mean	42.25	51 25	57.	53.	34.25	47.25	49.25
Barometer.							
At 12, M.	30.3	30.1	29.5	30.2	30.5	30.5	30.3

Germantown, Pa. B. J. Leedom.

MEDICAL SOCIETY OF NEW JERSEY.

The next Annual Meeting of the Medical Society of New Jersey will be held in the City Hall Buildings at Newark, on the fourth Tuesday of May, (the 28th,) at half-past 7 o'clock, P. M.

WM. PIERSON, Jr.,
Recording Secretary.

Orange, N. J., April 26, 1867. 530—t.f.

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TO PHYSICIANS.—At the request of several members of the profession, DR. HORATIO R. STORER, will deliver a private course of twelve lectures upon the TREATMENT OF THE SURGICAL DISEASES OF WOMEN, during the first fortnight of June, at his rooms in Boston. Gentlemen attending the course, will be required to show their diplomas. Fee $50. Hotel Pelham, Boston, March 29th, 1867. 528—t.f.

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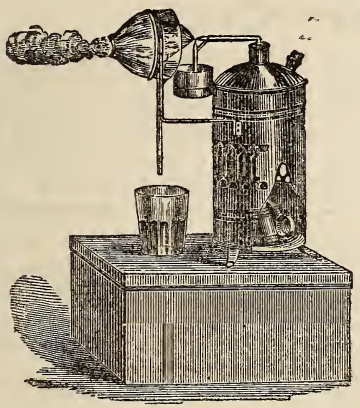

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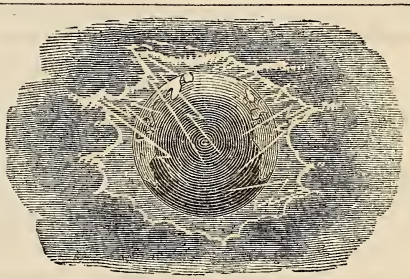

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DOSE.—4 to 8 grains, 3 times a day, before meals.

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COD-LIVER EXTRACT,

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It has been found by analysis that the oil contains but a small part of the medicinal elements existing in Cod-liver, and that the greater portion is held in solution in the waters which have been hitherto thrown away. This solution has been reduced to an extract, which extract has been made into pills, which, by being *sugar coated*, have been converted into what the French call dragées.

Professor Garreau's Analysis of Cod-liver Extract, compared with Analysis of Cod-liver Oil, by De Jongh.

	Cod liver Extract.		*Cod-liver Oil.*	
Oily Acids and Glycerine		none		95.957
Ichthyoglyceine	50.000		none	
Propylamine	2.515		none	
Acetic, Lactic, and Butyric Acids	6 000		.120	
Extractive (undetermined)				
Gaduin etc	10.620		.318	
Non-oleaginous Organic Constituents		69.165		.438
Phosphorus and Phos. Acid	2.090		.113	
Sulphur and Sulphuric Acid	.200		. 71	
Iodine	.154		. 37	
Chlorine with trace Bromine	1.525		.149	
Soda	1 170		. 55	
Magnesia	.366		. 9	
Lime	.5'0		.152	
Potash	.211		none	
Ammonia	2 8-2		none	
Inorganic Constituents		3.988		.586
Water and Loss		21,747		3.009
		100 000		100.000

The extract is thus shown to contain 135 times as much of non-oleaginous organic substances as the oil, and 15 times as much of inorganic elements. Those two classes of bodies together form 78.153 per cent. of the extract, but only 1.024 of the oil. In a tablespoonful of the oil, which comprises 240 grains, there are therefore present hardly 2½ grains of the above matter, while the extract is almost wholly composed of them.

PRICES. Box containing 60 Dragées, equal to 1½ pints of the best Cod-liver Oil, 75 cents. Box of 120 Dragées, equal to 3 pints of oil, $1.25. Box of 240 Dragées, equal to 6 pints of oil, $2.

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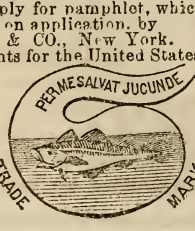

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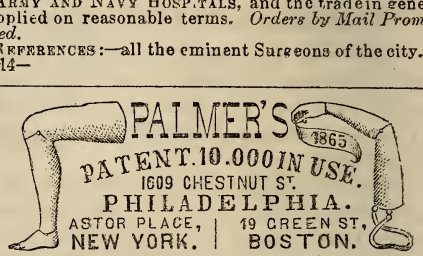

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The following is an extract from a note from Dr. J. H. BIGELOW:

"I have thus far found nothing better for freezing with Rhigolene than the tubes made by you after the pattern I gave you, and which I still use with your other apparatus."

Price of Apparatus for Local Anæsthesia..... $6.00

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THE

MEDICAL AND SURGICAL REPORTER.

No. 534] PHILADELPHIA, MAY 25, 1867. [Vol. XVI.—No. 21.

Original Department.

Communications.

INFANTILE DISEASES AND THERAPEUTICS.

By Jos. Adolphus, M. D.,

Of Hastings, Mich.

(Continued from page 374.)

Capillary bronchitis is a very grave disease, and is very often improperly treated. There is difficulty of breathing, restlessness, anxious and distressed countenance. The child pants, and its shoulders, ribs, and nostrils heave. It soon grows dull and stupid, and partial coma comes on, with a dusky livid hue of countenance. The skin is hot, dry, and husky.

In children under two years old the coma is very likely to be profound, while the lips, tongue, and gums grow of a dark color, and the respiration and pulse rapid—56 the former and 160 the latter. In older children the complaint is often slower in its progress, while the cough is more harassing. The child says but little, because the effort to talk uses up its breath and strength. The cough is most generally of a paroxysmal character and quite exhausting, increasing the child's distress and suffering very much, at the same time it is dry, and often hooping. This latter symptom betokens a very irritated condition of the nervous system and great prostration of the vital force. The restlessness and agony are dreadful to behold. Every motion of the child tells that it is suffering from the want of more air; though it breathes a little less rapid, yet its face begins to show more deep anxiety and dread, and soon grows pale; its hands are tremulous, pulse weak, jarring, and irregular; the stupor grows more and more profound, the nails grow blue, the fingers and toes cold, while the cutaneous surface has a peculiarly harsh and pungent feel. The severity of these symptoms are not in keeping with the condition of the lungs, for these organs are not found in any severely congested or inflamed condition. There appears to be a deep, profound impression on the nervous centres, and especially those of functional life. The depression of the nerve-force offer the greatest amount of danger. Often these symptoms are so severe as to mislead the practitioner into the belief that alarming inflammatory action is going on in the lungs, the results of which opinion destroys the child in a short time.

In fact, the depressing influence on nervous centres are so great as to become true objects of treatment. This condition remains for a long time after convalescence has commenced. Capillary bronchitis and influenza are so near alike in their pathology and nervous symptoms, and the great predominance of the latter element in both diseases, as to compel me to view them as diseases of the nervous system.

The principle upon which treatment is to be conducted is, 1st. To relieve the capillary congestion and engorgement. 2d. Relieve the excessive frequency of the heart's action. 3d. To increase the respiratory powers of the cutaneous surface. Lastly, To relieve the nervous exhaustion, and avoiding all measures that draw upon the vital powers and strength of the child.

The first is most properly accomplished by moist heat, both in and outside of the chest—the inhalation of the vapor of hot water, and flannels pressed out of a hot solution of borax applied to the whole body of the child; in fact, the hot pack is the thing. The vapor carries both heat, moisture, and air to the air cells, softens and soothes the irritated membranes of the inflamed air tubes, and allows the moist air to reach the air vesicles, while the hot pack renews the vital force of the lungs, clears the skin and makes it more permeable to air, whereby the more blood changes are accomplished, which in turn serves to allay the great oppression of the nervous system. The second is most speedily accomplished by the Norwood tr. of verat. and quinine, thus:

R.	Tr. verat vir.,	℥ss.
	Tr. aconite root,	♏x.
	Quin. sulph.,	gr. xii.
	Acid hydrochlo.,	gtt. vi.
	Water,	℥ivss.

Teaspoonful every hour.

This is an excellent formula, relieves ra-

pidly the vascular excitement, and equalizes the circulation. I have seen children suffering from the most severe attacks of acute capillary bronchitis speedily relieved. Immediately as the most pressing and active symptoms are relieved, I order the cimicifuga racemosa and nux vom., thus:

℞. Saturated cimicifuga racemosa, ℥ij.
Fl. ext. nux. vom., ℥i.
Simple syrup, ℥vi.

A teaspoonful every two or four hours.

Fl. ext. belladonna in half-drop doses every hour or half hour, in the worst cases, has saved life and relieved all the pressing symptoms. It is a valuable remedy in very small doses, frequently repeated.

Quinine in pretty large doses is often needed, and accomplishes a great deal of good. Often the urgency of the cough, which occurs at irregular intervals and decidedly paroxysmal, accompanied by hurried breathing, restlessness, blueness of the lips, tongue, gums, and nails, lead us often to suspect that an increased severity of disease is on us, but such is not the case. Quinine and belladonna, are the great sheet anchors here; thus:

℞. Quin. sulph., ℥ss.
Syrup cubebs, ℥vi.

Teaspoonful every three hours.

Cubebs controls the cough and exercises a kind influence over the mucus membrane

The following case occurred to me this winter.

A little girl, aged two years, in whom dentition was unusually difficult, was attacked with coryza. Three days after, her case grew serious. Her breathing was rapid and irregular, her countenance anxious and distressed, with a scowl over her face, and partly knit brow, and a livid hue. She was lying on her back, breathing 66 times per minute, and her pulse 168. In a short while she grew more stupid and somnolent, her eyelids partly apart, and her nostrils heaving. When she was aroused she looked up with a wild and distressed look. She resisted my examination in a hurried and abrupt manner, and reverted immediately into her previous state. Her restlessness was great sometimes, and her efforts at respiration were exhausting her. Her lips, tongue, gums, and around her eyes, were of a dark purple hue. Auscultation showed nothing of any consequence any more than fine dry sounds. While listening near her mouth, I heard a fine crackling sound like that when a lock of one's hair is rubbed between the finger and thumb. She had then been under treatment by another physician in the most active style up to the time I saw her.

I immediately ordered the treatment above described. The inhalation was effected by a large sponge squeezed out of hot vinegar and water, and laid in her cradle near her head. In twenty-four hours her pulse had fallen to 126, and her respiration to 39. She appeared more cheerful, and her countenance seemed more natural. On the night previous, beef-tea was thrown up the rectum, after which it appeared to rouse her and increase her strength. The skin was well cleaned with a solution of borax and alcohol. This latter I deem of great use, because of the freedom it gives the air to reach the cutaneous circulation, and aids in decarbonizing the blood. During the evening and night, she fell back again to her former condition, which appeared more aggravated. Both the breathing and color of the skin were much worse. On the morning of the 7th, she was ordered,

℞. Quin. sulph., gr. xij.
Acid muriat., gtt. iv.
Fl. ext. belladonna, gtt. vj.
Water, ℥xij. M.

A drachm to be taken every hour.

At 2, P. M., she was much better in every respect. Her respiration was now to 30, and her pulse to 105. She had been fed beef-essence and milk very liberally. On the evening of the 8th, she was quite restless again. She lay tossing herself about the bed, and her respiration was again hurried up to 55, and her pulse to 128. She was dully stupid, and looked livid around her lips and eyes. About 12, P. M., she was seized with a paroxysm of coughing, which exhausted her to such an extent as to make her pulse as high as 160, small and quick. ℥iij. of wine of ipecac. was given at once, when she vomited a large quantity of tough mucus, (false membrane, and pus globules, shown by the microscope.) Her cough was immediately relieved. Two hours after, I ordered double the quinine at a dose. At 10, A. M., the next day, she was far better than she had been during her sickness, with a moist soft skin. Quinine and cubebs were now given freely. These seasons of depression continued to occur every day all during convalescence, growing gradually more and more obscure. Four other such cases in town, treated by others, died. I have treated eight such successfully. Her convalescence was slow and tedious, but progressed under good nutritious food, plenty of milk, warmth, and quinine.

To conclude, I say to all, that quinine in the treatment of the diseases of infants is a great desideratum. We do not use it freely enough. We are too much afraid of it. Many of the appearances of extreme excitement and active

inflammation in many organs are best met with quinine.

This little girl was so weak and cross, that I was obliged to give her cannabis indicus, and with most excellent results. This latter remedy is one of our best nerve stimulants, and operates on children, in small careful doses, in a very salutary manner. It meets such indications in their cases that opium does in the adult. It is time that we were taught in school, and learn out of school, how to doctor sick children.

The therapeutics of nervous diseases of children have been too much on the heroic order, and untempered by patience. When we view chorea and epilepsy as functional disorders depending upon a loss of vital force of the interstitial nerve tissue, and when we recollect that this tissue is the last to suffer from inanition and other depravities of nutrition, and further, that it is the slowest to repair, and consequently the most difficult to restore, we can see upon what principle its therapeutics depend.

Chorea is treated most successfully with the cimicifuga racemosa. A saturated tincture of ʒvi. of the powdered root to a pint of alcohol at ninety proof, by displacement. I have treated thirteen cases in six years, with remarkable success. Six of the cases were children under twelve years old. The average duration of treatment seven months. My favorite prescription is

℞.	Sat. tr. cimicifuga,	ʒiijss.
	Fl. ext. nux vom.,	ʒiij.
	Syrup araunti,	ʒvss.

ʒi. three times a day.

This prescription sometimes requires to be of double the above strength. An excellent adjunct is bromide of ammonia in grain doses. One particular feature of treatment must be to educate the child to control the actions of its limbs, and give it rational exercise. Thus, a little boy, æt. 6, was brought to me, suffering from chorea. His case was of that severe description so often described as being incurable. He had been under treatment for sixteen months, and at the same time growing worse. When I saw him, he was unable to hold a tumbler of water without dropping it, nor could he maintain one position a minute. He was in constant motion, of a jerking kind. The disease was wasting him away rapidly. I ordered him the above prescription, which he used regularly three times a day; every night a grain of bromide of ammonia added. Fifteen days after, he was brought to me again, so much improved that he could drink water from a tumbler held by himself, which his father informed me, he had not done for eighteen months before. In twelve weeks I saw him again, when I found him so nearly well, that he was able to attend school and was learning rapidly. Three months from the date I saw him, he was well.

The black cohosh is nearly a specific in chorea, and the saturated tincture is the best form to use it.

Epilepsy is remedied seven times out of nine, and cured five times in seven, with the bromide of ammonia. I have treated eighteen cases in six years with this remedy, and cured ten. The average period of treatment has been nine months. The shortest, six months; the longest, fifteen months. To the bromide I add belladonna when I perceive symptoms of cerebro-spinal engorgement.

Thus, a boy, eleven years old, who had suffered from fits at irregular intervals for six months, became an habitual epileptic for two years, at the end of which time I saw him. He occasionally had no premonitory symptoms of an attack, and fell suddenly in a convulsion. At other times he experienced a strange feeling up his spine to his head, and would remain in a torpid semi-somnolent state for many hours after, though his face was pale and his eyes dull.

This boy had remarkably well developed physical powers and muscles, with a usually good digestion. I immediately ordered,

℞.	Sulph. magnesia,	ʒvj.
	Sodæ phos.,	ʒi.
	Aquæ,	ʒviij. M.

A tablespoonful every two hours till the bowels were moved; then he was to take a teaspoonful of the following, four times a day:

℞.	Ammon. brom.,	ʒss.
	Fl. ext. bellad.,	ʒj.
	Syrup. aurantii,	ʒvj. M.

Diet light, cut of meat, and half his butter, and all his tea.

The first two weeks after treatment was commenced he had five fits, more severe than usual. The treatment was persisted in. Three months after his fits began to grow lighter, and the belladonna showed its physiological effects. It was reduced to one-eighth for two weeks, and then gradually increased to its former dose. This course was pursued for six months, at which time a marked difference was discovered, both as to the frequency and the severity of his fits, none having occurred for the last twenty-six days. The bromide was then lowered in dose one-fourth. During the next three months he had two light fits, the last one so trivial as to be regarded as of but little consequence. But the case remained at this stage for five months longer; light fits occuring at intervals of thirty or thirty-six days. At

the end of the year he began to be discouraged, and needed a great deal of attention and inducement to cause him to continue treatment, and his parents to urge it on. However, it was steadily pursued. From the fourteenth month till the eighteenth, he had but one light fit, and in two years was entirely cured.

This case is but the true type of many others. It requires the perseverance and energies of the beaver, the patience of Job, and the firmness of Jupiter, to control both the patient and his friends, and make them continue the treatment. One great reason why we have been so unsuccessful in treating epilepsy, is found in the practice of our becoming ourselves discouraged and dissatisfied with our remedies, and constantly changing them. The physician needs to be a perfect Zeno, a stoic, and to turn out of his path for nobody, nor anything else. I am confident that the bromide of ammonia is our remedy, aided by belladonna when indicated by cerebro spinal congestion or hyperæmia, in the treatment of epilepsy of children. Another requisite to success is strict attention to diect, moral and physical training, and all causes that affect the emotions.

Scrofulous swellings of the joints, such as is styled white-swellings, are, according to my experience, best treated by the vegetable alteratives, in both infusions and saturated tinctures. These, too, need to be closely attended to, and persistently urged on.

Such remedies as *alnus serrulata*, *corydalis formosa*, *stillingia sylvatica*, *rumex crispus*, *scrophularia marylandica* are of great value. The podophyllum also, in small portions, aids remarkably. My method is to use them in fine powder, displaced with boiling water, and syruped with sugar. A favorite prescription of mine in strumous children, is to order cod-liver oil and the following syrup:

℞. Alnus serrulata, pulv., ℥j.
Stilling. sylv., ℥ss.
Scrophularia mary, p., ℥iss.,
Podophyllum rad., pulv., ʒiij., M.

displaced with boiling water, till a pint is drawn off; then add sat. tr. corydalis formosa, ʒi; hypophosphite of lime, ʒi; sugar, ℥xi. This makes a valuable and efficient alterative for strumous children. When iron is needed, I always order the syrup of hypophosphite of lime, strychnine, quinine, and iron tonic already mentioned. I have seen scores of the worst cases of scrofula yield to this treatment, that had resisted treatment for years, especially that of the joints, bones and glands. Some five cases of bronchial tuberculosis have been cured in this way in my practice.

I have always found mercury and antimony vile remedies for children, and have always avoided them. Over the swollen joints I paint tr. of iodine, of double strength, and over that a thick coat of collodion. This practice has often afforded relief when the joints are painful. I have used all other remedies, and have found none other so successful in controlling the pain. The cod oil will often suddenly fatten up children, when accompanied by the above syrup, after it had signally failed during a tedious previous trial.

POISONOUS WOUND PRODUCED BY A FISH.

By L. Traver, M. D,
Acting Ass't Surgeon, U. S. Navy.

On the 4th instant, while a boat's crew from the Tallapoosa were fishing off Santa Rosa Island, Edward Hogan, one of the crew, was stung on the left foot by a fish which lay in the boat, known to naturalists by the name of *sting-ray*. The wound, one quarter of an inch long, and about the same in depth, was received near the head of the metatarsal bone of the great toe. Hogan was immediately brought to the vessel, suffering great pain. On the way, his companions experienced great difficulty in keeping him in the boat, as he continually attempted to jump overboard while in a state of delirium produced by the pain.

I saw him three hours after the injury, (5, P. M.) He was writhing in great pain, with a wild look, and shaking from head to foot.

7 o'clock, P. M. Suffering severely, pain running up the left leg to his heart, and extending over nearly the whole surface of his body; so severe at times that it required four men to keep him in his cot. Tetanic spasms of the muscles of the face and twitching of the muscles of the limbs set in.

I prescribed morph. sulph., gr. ss., in solution. The pains increasing, this was followed by whisky, ℥iv., combined with tinct. opii, ʒj. In half an hour it was repeated, with half the quantity of opium. Also applied spt. ammonia to the wound, and enveloped the foot in a warm linseed poultice. The pain and nervous irritability ceased for a time, but soon returned with increased vigor.

Up to this time he had taken opium, grs. x., whisky, ℥viij., apparently with but little benefit. Administered ether by inhalation, ℥vj., followed by a small amount of chloroform.

9 o'clock, P. M. He became quiet, fell asleep, and continued to sleep until 2 o'clock on the following morning, when he awoke and complained of pain. Whisky and opium repeated. Slept until 6, A. M.

April 5th. Has but little pain in the foot and leg. Nervous system quiet.

April 6th. Feels pretty well, with the exception of some soreness in the foot and irritability of the stomach.

U S S. Tallapoosa,
Off Navy Yard, Pensacola, Fla. April 28, 1867.

GELSEMINUM SEMPERVIRENS.

By D. L. Phares, M. D.,
Of Newtonia, Miss.

Number 523 contains a request that correspondents "give, through the Reporter, their experience with the gelsemi(n)um sempervirens." Having used it some thousands of times, in many different diseases as well as in health, experimenting on myself, I have a right to speak; and right it is, perhaps, that I should do so. Acquainted with the plant from childhood, and strongly impressed with the notion of its dangerous potency, I commenced by using it cautiously on myself. To be certain in regard to dose and effect, I prepared the medicine myself, using four ounces of fresh root, cut into small pieces, to sixteen ounces dilute alcohol.

To write an article worthy and exhaustive of the subject would require many pages. But your columns being too valuable to be occupied by very lengthy reports, I will not undertake to give details of experiments, cases, or symptoms; nor to discuss principles, modes of action, or theoretic crudities; but briefly state a few conclusions reached.

Fevers. Gelsemium is a valuable agent in the treatment of all fevers; but not equally so in all. In *typhus* and *typhoid*, it must be used mainly in the earlier stages; and exhibited liberally, it will do much to abbreviate the duration of and even abort these diseases. At a later stage, it may still be used with much benefit; in full doses when the pupil is contracted, the head hot, skin dry, and pulse firm; in smaller doses, with feeble circulation and cold extremities; with dilated pupil, not at all. *Yellow fever* is wonderfully modified, shortened, and shorn of its danger and terror by this remedy. It never offends or nauseates the stomach; but being powerfully sedative to the nervous, muscular, and arterial systems, I often employ it to overcome nausea and prepare the stomach to accept quinine and other agents. It speedily subdues the fever and prevents that condition of the stomach and general system which culminates in the justly dreaded black vomit.

Intermittent fever is often subdued and a perfect recovery effected by this agent alone, and sometimes after the failure of quinine and other anti-periodics. But in these cases I prefer using quinine and gelsemium both, if congestive or malignant; combined, if the stomach be not irritable; otherwise, the gelsemium a few minutes before the quinine. In milder grades of fever, I often use the gelsemium alone during the hot stage, and quinine alone during the intermission; in graver cases, both during either stage. In the cold stage, I use neither; though others do, with alleged good results. For fifteen years I have been very well satisfied with chloroform or morphine, or both, according to indications, in the cold stage. To avert an expected paroxysm, if the attack be malignant, I rely on a full dose of morphine and quinine an hour or an hour and a half before the time for invasion. In these cases, and for this specific purpose, nothing, not even quinine, is comparable with morphine,

Remittent fever may often be aborted and always shortened by gelsemium liberally exhibited. When proper, an emetic or cathartic should be premised, or the latter may be administered at any stage when indicated; and *must be*, if the gelsemium fail to manifest its usual effects in due time. In some families, when, in fevers, unable to obtain any perceptible effect from any other remedies, I have induced sedation with a dose or two of gelsemium; then other medicines act as promptly and as happily as any one could desire. On the other hand, I find cases, rarely however, in which the fever does not yield promptly to even full doses of the gelsemium. A cathartic being given and acting effectively, the system comes promptly under the sedative influence of the medicine, the fever subsides, and the patient is convalescent. If promptly and properly managed, fevers treated with this agent are succeeded by very little debility, and the patient will not need tonics.

Neuralgia. It is an admirable agent in the treatment of neuralgias, subduing nervous irritation and pain in the most astonishing manner; in many instances, a few doses (I have known a single full dose) effecting a permanent cure of cases of long standing and great severity.

Spermatorrhœa, more properly, or more frequently perhaps, *prostatorrhœa*, is in many instances cured by a few nightly doses of this medicine. How it cures in these cases is obvious enough to any one familiar with its pathology.

As a *parturifacient* its action is curious. For

while it relaxes the os and other portions of the muscular system, the expulsive contractions of the uterus are not diminished, but rather increased, while pain is lessened.

Painful menstruation is relieved by this medicine; it may be by its preventing, or removing engorgement of, or by relaxing the neck and os uteri, contracted neck and os being frequent cause of dysmenorrhœa.

In *dysentery*, for the febrile state, exhibited per ore; for *tenesmus*, per ano, it is very valuable.

In *otitis*, I have had good results from its introduction into the meatus auditorius.

In habitual *wakefulness*, sleep may often be induced by a single dose taken on retiring at night.

In *delirium tremens* its action is similar to that of digitalis, promptly dispelling delirium and calming nervous excitement, thus inducing sleep.

In *feeble capillary circulation* with *cold extremities*, its action is again similar to that of digitalis. I sometimes order one, sometimes the other, with equally good effect.

For "*a cold*," or "*a hot*," as a recent writer seems inclined to consider it, it is an excellent thing; a single dose at night often curing recent cases.

In *metritis*, *peritonitis*, and other affections also, I have seen good effected by it. In all cases, the intelligent physician will, of course, use such other remedies as may be indicated by the circumstances.

Acute inflammatory rheumatism must not be omitted in this enumeration; for here the gelsemium is highly efficacious. Exhibit a very active cathartic—say compound extract of colocynth with calomel, or podophyllum—without waiting for it to act, give the gelsemium every hour or two in full doses, and apply locally, in tincture or decoction, (I use the latter,) on cloths saturated and wrapped around the inflamed parts, enclosing all in cotton batting. Keep the patient quite warm and perspiring freely. I have seen the most distressing cases of this terrible malady thus cured completely in a day or two. To secure so speedy and permanent a result the treatment must be very prompt and vigorous.

Dose and administration. Want of space admonishes me to close rather abruptly. The dose of the above-mentioned tincture, (I have used no other preparation internally,) is from ten drops to a drachm in water, from a drachm to an ounce or more—the larger quantity of water preferable, if not contra-indicated. With little or no arterial excitement small doses are indicated, to be increased in proportion to arterial impulse, heat of head and contraction of pupils, exhibited every hour or two *pro re nata*. Acute rheumatism, very painful dysmenorrhœa, and severe fevers, of course require the larger doses. But I have never found it necessary to produce that helpless, complete, utter relaxation of the muscles readily induced by it in some conditions of the system. Should this occur to such a degree as to endanger life, give hot infusion of thuja occidentalis leaves, or capsicum and brandy, or, better still, some preparation of nux vomica, as they are mutually antidotal. I always prefer giving to the extent of rendering the eyelids heavy and difficult to keep open and the vision double or clouded, with dilated pupil. In some instances I have for many hours purposely maintained these symptoms. In most cases, however, as soon as they appear the fever and other morbid conditions subside, leaving the patient little weakened, convalescent, and not requiring tonics. Although its most marked effects are *nervous sedation* and *muscular relaxation*, yet it is a most admirable *tonic* in many cases of debility, irritable stomach, dyspepsia, etc., improving both appetite, digestive and assimilative functions. Many applications of this remedy will occur to the mind of the practitioner which I cannot now mention. Nor have I space to notice the few cases of fatal poisoning with this drug, reported in the medical journals, which I intended to do. Suffice it to say, it is much less dangerous than the preparations of opium, which last I regard as the greatest and best of medicines. But I have seen many injured and some killed by the opiates; *never one either killed or injured* by the gelsemium. Let no one, however, be mistaken, for it is capable of killing, and has done so. Combined with veratrum viride its power is much augmented.

TANSY IN EPISTAXIS.

By Chas. Prentice Uhle, M. D.,
Of Hackettstown, N. J.

Of the various means at our command for the control of this frequent and often rebellious affection, none has been so successful in my hands as the *tanacetum vulgare* of the U. S. Dispensatory.

While a student of medicine, I was much predisposed to weakening attacks of epistaxis. All remedies that I could bring to bear upon it, whether vegetable, mineral, or mechanical, were faithfully and thoroughly applied, with no marked success. It continued to increase in frequency

and amount, until at last, the least excitement or over-application was a certain herald of a renewed attack.

One day, while enjoying that not over-pleasing sensation of formication caused by the blood as it trickled from my affected member, I accidentally plucked a leaf of tansy, which was growing near, and applied it to the part. To my surprise and gratification, the hæmorrhage immediately ceased.

Retaining this new and novel idea, at the first opportunity I gave it another trial, with the same pleasing results, and forever after, the use of tansy was truly a *sine qua non* to my comfort and happiness. I subsequently made numerous experiments, and became entirely satisfied that this herb produced the long wished for and happy results.

Of late years, I have used the same remedy with flattering success in all cases of acute or chronic epistaxis. In some cases, the simple aroma or odor of the plant is sufficient to quell the most active hæmorrhage.

Hospital Reports.

BALTIMORE MEDICAL ASSOCIATION.

Meetings of March 11th and 25th, 1867.

Reported by J. W. P. Bates, M. D.

Subject of discussion—Dropsy.

Dr. Dare. Dropsy may be defined to be a collection of water in any part of the body. Water, is present in all the tissues, and can never be considered unnatural as to place but only as to quantity. Old writers ascribed dropsy to excessive action of the exhalants. The veins and capillaries are considered to be the chief peccant organs concerned in its production. Dr. Donaldson, in an essay on dropsy, considers the capillaries as the chief seat of the effusion. They are the organs concerned in secretion, nutrition, and the pathological phenomena of congestion and inflammation; and it is through them that the blood comes in contact with the tissues. They have no muscular walls, and the circulation is naturally slow and very liable to retardation.

Dr. Smull. Do you consider that the effusion poured out in the cellular tissue, as the result of a contusion, is produced by the same means as dropsy in the serous cavities?

Dr. Dare. I consider the seat of the effusion to be the same. These minute capillaries may in one sense be considered both as exhalants and absorbents. They act in proportion to the degree of fulness. The same physical condition which makes them pour out serum, viz., hydrostatic pressure, will prevent them acting as absorbents, but when the vessels are not full they will absorb the serum from the tissues. The chief causes of the retardation and stagnation of the blood in the capillaries are, impoverished blood, excrementitious matter in the blood, and obstruction in the lungs, heart, and liver. After exhausting diseases we frequently see dropsy result on account of the poverty of the blood, the laxity of the tissues, and the deficiency of oxygen carried by the decreased blood corpuscles. The skin, kidneys, lungs, or liver, may not properly perform their functions, and the blood may become loaded with effete particles which cannot be thrown out of the system, and congestion and effusion result. This is one of the most constant symptoms in Bright's disease. In obstruction, the effect is purely mechanical, and is transmitted backward to the capillaries, where the circulation is most difficult. The pathology of the so-called, active dropsies may be made more clear by reference to the nervous system. Bernard says the sympathetic nerve presides over the small arterioles; when it is irritated the blood-vessels contract; when cut, they dilate. Irritation of the cerebro-spinal nerve distributed to an organ produces paralysis of the sympathetic to the same organ. When there is superficial irritation, as by cold, there is a tendency to paralyze the sympathetic of internal organs, and, as a consequence of such congestion, we may have bronchitis, diarrhœa, or dropsy. In bronchitis and diarrhœa the effusion passes off, in dropsy it is retained. Considering the impoverished condition of the blood as one of the great causes of this effusion would teach us not to continue depletent agents, as hydrogogue cathartics, too long.

Dr. Arnold. Dropsy is generally merely a symptom of diseases of various origin; but in actual practice we are often called upon to relieve the distress which is produced by the great pressure of the body of water, and which is sometimes the cause of more immediate danger than is the pathological condition upon which the dropsy depends. When we cannot relieve the cause, we must, if possible, modify the effect. The indications are, therefore, two-fold. Often the treatment to relieve is directly opposite to that of curing the original disease. We know that effusion takes place in dead bodies, and effusion of lymph, pus, etc., in inflammatory diseases. The older theories concerning the cause of dropsy correspond very nearly with those of the present time. The absorbents, lacteals, veins, and capillaries, must be thrown into a state of atony—this is often caused by mechanical pressure. An auxiliary explanation is, that it is highly necessary that a certain amount of watery fluid should be thrown out. If the organs do not perform their offices, there is dropsy. If the organ effected has an outlet, there is generally but little danger of water collecting in the body. The veins may become so relaxed in their tissue, owing to paralysis of the vaso-motor nerves, (Bernard), that they allow the water to pass through them. The fuller the veins are the less they will absorb from the tissues, and this explains why bleeding is often followed by rapid diminution of the effusion.

Dr. Williams. If we accept as true that dropsy depends upon paralysis of the capillaries, it is an interesting question why diseases of

particular organs are followed by particular forms of dropsy, as disease of the heart by anasarca; of the liver, by ascites; of the kidneys, by puffiness of the face.

Dr. Arnold. The suggestion of Dr. Williams is excellent. The first question is—What form of heart disease is generally followed by dropsy? It is generally granted that dilitation of the right chamber is usually so followed. The phenomenon proves that it is owing to some obstruction and stagnation of the circulation. It is well known that dilitation is seldom an original disease, but generally the sequela of hypertrophy of the left ventricle, which itself is the result of some other disease—as acute rheumatism. The heart becomes over excited, and from increased action becomes hypertrophied. The quicker the pulse—the more frequent the sys ole—the less is the amount of blood sent through the arteries. Nature tries to remedy the fault by another vice—this produces stasis of blood in the lungs—this reacts on the right side of the heart—it is not expelled as quickly, nor in the proper quantity, and the veins suffer in consequence; and this promotes the transudation of serum, which is dropsy. Another condition which produces dropsy, viz., cartilaginous or other omatous degeneration of the coats of the arteries (which occurs in old persons) act by degrading physiological laws to physical, and allows the fluid to escape from the diseased blood-vessels. Another disease followed by dropsy, is granular disease of the kidney. The cortical substance is the part which suffers originally, and the presence of albumen is a very characteristic phenomenon. Thirty-three per cent. of Bright's disease is followed by dropsy. The explanation as given in the case of disease of the heart does not obtain here. The only explanation which attempts to clear up the difficulty, is that there is a depravation of blood, and on account of this the vessels allow the fluid to escape. The same effect is seen in cases of hemorrhage and chlorosis. I do not wish to be understood that the venous system is the exclusive seat of the effusion, for the capillaries being the ultimate radicles may be implicated. But it usually follows pressure on large veins, as in the dropsy of pregnancy; phlegmasia dolens produced by emboli, or swelling of the arm in cancer of the breast.

Dr. Dare. The capillaries are the immediate seat of nutrition and calorification, and also of dropsy. They pour out and take up the substance of the tissues. Œdema, the result of a bruise from the paralysis of the nerves, is simply dropsy of the areolar tissue produced by obstruction through the capillary system. The same explanation will answer for the cavities.

Dr. Hartman. I think there are two conditions upon which dropsy supervenes. 1st. Venous obstruction, as ascites from obstruction of the portal vein. 2d. When the balance between the arterial and venous circulation is disturbed. The arterial circulation may be right, but from some cause there may be depression of the vital action of the absorbents, and they do not take up the fluid promptly.

Dr. Fay. With reference to the cure of some forms of dropsy, especially that form which results from an impaired condition of the system, as after typhoid fever, etc. When we have swelling of the extremities, I wish to call the attention of members to the external use of veratrum viride. I use either the fluid extract or the tincture, and have found it to remove the effusion very soon. I have had no opportunity to try it in exanthematous dropsies, but do not doubt it would be of use in them also.

Dr. Helsby. I hope the gentlemen will state his theory of its action.

Dr. Fay. I do not know that I can do that. It is a simple fact, but I have never been able to reason it out.

Dr. Helsby. Were not the patients taking tonics, and was not the good effect produced by them rather than by the veratrum?

Dr. Fay. They had been taking tonics, but the effect was so marked that it could not be attributed to them. I used it first as a local application to relieve pain, but the effect was such in the speedy reduction of the swelling that I have used it ever since in all such cases.

Dr. Arnold. Dropsies are in very bad repute, especially what are called chronic dropsies. They are often incurable, particularly those which follow organic disease, and all our skill has to be directed to the alleviation of pain. Often we do injustice to ourselves in not carefully diagnosticating those which are curable and those which are not. One of the best remedies, especially in cases which follow disease of the heart, is digitalis. According to my experience it is useless in any other class. I generally give it in infusion, in f.℥ss. doses every four hours, and have never seen any bad effect from it. I do not presume to say that it will cure, but it is a powerful palliative. It is frequently given in combination with squill, potass. nit., etc., and then it is impossible to tell which does good. It is perfectly innocent. It is not a depressant but a tonic to the vasa-motor nerves. Under its use the pulse loses that fulness, (which is not a sign of strength but rather of weakness,) and becomes more contracted. The happy mean has to be sought, so as not to produce too much contraction. I should not hesitate to give it in cases of debility.

Dr. Liebman. We know that digitalis lessens the action of the heart, and consequently retards the force of the blood, and we would expect the stagnation to be increased.

Dr. Smull. How would you classify digitalis?

Dr. Arnold. As a stimulant of the vasa-motor nerves.

Dr. Smull. Is it diuretic?

Dr. Arnold. Indirectly. That it is a stimulant to the nerves seems to be proved by its good effects in delirium tremens. It adds tone to the circulatory system.

—— *The London Medico-Chirurgical Review*, gives the following table showing the proportion of insane poor to the population in certain counties of England: Lincolnshire has 1 in 518, Cambridgeshire 1 in 439; Surry 1 in 411; Devon 1 482, or 1 in 546 males and 435 females; Kent 1 in 542; South Wales 1 in 500. On the first of

January 1866, there were 32,896 lunatics in asylums and hospitals in England and Wales, besides about 10,000 in workhouses.

Medical Societies.

18TH ANNUAL MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

(Continued from page 428.)

THIRD DAY.—*Thursday, May 9th.*

The Association met at 9 o'clock, the President, Dr. ASKEW, in the Chair. The minutes of the previous session were read and approved.

Dr. D. H. STORER, of Mass., arose to a question of privilege, namely, the honor of the Association. It was in debt, and its first duty was to take measures to relieve its executive officers from their embarrassments. He moved that every member be assessed a tax of two dollars, to raise the necessary funds.

On motion, he was requested to prepare a subscription paper, and lay it upon the table for voluntary subscriptions.

Female Physicians.

Dr. W. L. ATLEE, of Philadelphia, offered the following:

"*Whereas*, The subject of female medical education is exciting attention, and regularly educated female physicians have establised themselves as practitioners of medicine; and

"*Whereas*, Female Medical Colleges, embracing all the branches taught in other colleges and all the conditions for graduation, exist in the United States, for the separate education of females; and

"*Whereas*, It is important that the standard of education and the observance of the code of medical ethics should be fostered and maintained by this Association; therefore,

"*Resolved*, That the American Medical Association recognizes well educated female physicians by the same laws that govern its own members."

Dr. BOWDITCH arose to a point of order, and reminded the President that the Association had postponed the order of the day for five minutes to Dr. Storer's question of privilege. He claimed that the five minutes had expired, and he moved to lay the resolutions on the table, which motion prevailed without a negative vote.

Report on Insanity.

Dr. C. A. WALKER, of Boston, read the report of Dr. J. RAY, of Providence, R. I., on Insanity. It was an able and interesting paper.

Dr. CHIPLEY, of Lexington, Ky., offered some remarks in vindication of the Superintendents of Insane Asylums, with reference to their connection with this Association. He referred to the fact that there were five such Superintendents present, who were a larger proportion of their class than the representatives of any other class of the medical profession present.

The report of Dr. RAY was referred to the Committee of Publication.

Nominations and Place of Meeting.

The Committee on Nomination of Officers and Place of Meeting reported as follows:

Place of Meeting—New Orleans.

President—SAMUEL D. GROSS, of Pennsylvania.

Vice-Presidents—A. C. POST, of New York; JOHN L. ATLEE, of Pennsylvania; D. W. YANDELL, of Kentucky; and H. R. STORER, of Massachusetts.

Permanent Secretary—WM. B. ATKINSON, of Pennsylvania.

Assistant Secretary—T. G. RICHARDSON, of New Orleans.

Treasurer—CASPER WISTAR, of Pennsylvania.

Committee of Arrangements—W. Stone, Warren Brickell, S. Chapin, John Foster, L. T. Pimm, S. M. Bemiss, C. Beard, all of New Orleans.

Committee on Prize Essays—Bennett Dowler, S. A. Smith, D. W. Brickell, S. M. Bemiss, J. Scott—all of New Orleans.

On motion of Dr. DAVIS, of Illinois, that portion of the report naming the place of meeting and the officers resident there, was laid on the table. The rest of the report was adopted.

Dr. DAVIS remarked that the crisis had arrived, which he had long anticipated, when the matter of eating and drinking, and entertaining the Association had come to involve such an expense that no invitation had been extended in advance, by resident members of the profession, for the Association to meet in any city, and the Committee had reported New Orleans, without an invitation from any one there. While there was no city in which he would like better to meet on personal accounts, and as a manifestation of reunion with the South, he felt that it would not be right to impose a meeting of the Association on that city. It was embarrassed in every relation of life, like all other places in that direction. It was impoverished, and though they would no doubt receive us with cordial and open hands, it would be wrong to tax them in that way. They could not vie with the liberality and extravagance of Cincinnati; or if they did, it would be at a sacrifice we should not admit of. He would give them another year to recover, and an opportunity to invite us. He therefore offered the following:

"*Resolved*, That the next annual meeting of the American Medical Association shall be held in the city of Washington, on the first Tuesday in May, 1868, and every second year thereafter, until otherwise ordered by the Association.

"*Resolved*, That whenever the Association shall meet in the city of Washington, as directed in the above resolution, the Committee of Arrangements be strictly forbidden either to provide themselves, or to accept provision by others, of any entertainment or excursion whatever."

Dr. YANDELL, of Kentucky, arose, and was urged to take the stand, where he said: "I have listened with pleasure, and derived some new light from the remarks of the gentleman from Chicago. I arise to explain the motives of the

Committee in naming New Orleans, and in doing which I think I shall violate no confidence. When the place of meeting was called for, Dr. Horatio Storer, of Massachusetts, proposed New Orleans. The motion was seconded by Dr. Alonzo Palmer, of Michigan. As one of the few representatives from the South, I chanced to be in the Committee, and was asked my opinion in reference to New Orleans. I confess to you, gentlemen, that I never listened to a proposition in all my life which excited such emotions in my breast as this motion, coming from Massachusetts, and seconded by Michigan, to take this great body of brethren across the crimsoned waste of war, and hold out the hand of fellowship to their brethren in the South. [Cheers.] I confess to you, that when Dr. Storer, of New England, and Dr. Palmer, of the mighty West, moved that we thus extend the hand of brotherhood to the medical profession of the South, I could not restrain my emotions from bringing tears of joy to my eyes.

"The first question was, whether it would be acceptable to New Orleans. I felt that I had some right to speak for the profession in New Orleans. My excellent father and myself had taught many of them as students of medicine. I had served with them, and was personally acquainted with most of those who had been in the Southern army. I knew they felt as I feel, that when peace came in 1865, we had been united again; in fact, that we had never been divided; that though politicians had separated us by geographical lines, still the great republic of letters was one: that

"'No pent up Utica contracts our powers,
But the whole boundless republic is ours!'

"In the great republic of science, all geographical lines should be obliterated. We of the South, and you of the North, the East, and the West, have a common heritage. The ashes of the illustrious Drake lie in your beautiful cemetery here. Have we of the South no claim to nor interest in his name and his fame? Have you of the North no interest in the long list of great and good men who adorn the profession in the South? No interest in those whose labors have added glory not only to medicine, but to the nation?

"Hence I said I believed every man in the South, in that land of flowers, of the mocking-bird, and of beautiful women, waited but to have your hands extended to them to give you a welcome. [Cheers.] I said to the Committee that New Orleans was poor, that the whole South was poor, but that you would not be less welcome to sit under our vines, and to take the fruit from our fig trees; that we could not give you such splendid entertainments as Cincinnati has done; but we could do what was better than eating, and better than drinking: we could give you the warm grasp of the hand that you would take with you in memory to your homes. In view of this, the Committee honored itself and honored New Orleans by selecting that place for its next meeting.

"I see the objection of Dr. Davis, but if he proposes to do no eating and no drinking at the next meeting, New Orleans is a better place than Washington City. [Applause.] If you want to put the Medical Association on low diet, go down there. [Cheers.] But the very reason of all others which should take the Association south of Mason and Dixon's line—if such a line there be now—is that the Southern people are not able to come to you. They are not here to day because they could not afford to come. But they would welcome you to their homes. If you do not go to New Orleans, then go to some place within their reach."

Dr. Griswold, of Ohio, moved to substitute Knoxville, Tennessee, instead of Washington City.

Dr. Sayre moved to substitute New Orleans, as in the original report. He thought that, with Dr. Davis's resolution of restriction as to entertainments, there would be no objection to that place.

Dr. Cox, of Maryland, endorsed all that had been said by his friend from Kentucky; was proud that one man from the South had expressed himself as standing on the platform of the union of the medical profession. He never supposed there would be any difficulty in reuniting the profession of medicine after the war was over. As to the entertainments of the Association, he was in favor of them, and thought if Dr. Davis's measure was adopted, the usefulness and attendance of the Association would be impaired. In England they did far more eating and drinking than was done here, and yet they accomplished a large amount of work.

Dr. D. H. Storer, of Boston, said the object of these meetings was to bring as many of the profession together as possible, and it should meet in such places as would accomplish that object. We should not meet where we have not been invited by resident members. That thing had been tried in Boston, and came near failing. The probability was, we would be well received, but we ought to wait for a proper invitation. Ought we to go when we know there are a great many there who would wish us away.

The hour having arrived for the steamboat excursion, the whole subject was laid upon the table.

Fourth Day—*Friday, May 10th.*

The Association met at 9 o'clock, the President, Dr. Askew, in the chair. Minutes of last session read and approved.

Next Place of Meeting.

Dr. Davis' resolution in regard to the next place of meeting, was then taken up and acted upon.

Dr. Cox, of Maryland, moved to strike out the second resolution and to substitute therefor the following:

"*Resolved*, That hereafter no entertainment given to the Association shall conflict with the regular business of the body or its sections."

Dr. Hammer, of St. Louis, moved to amend the first resolution by substituting City of St. Louis for City of Washington, and made a brief speech in support of his amendment.

Dr. Davis' resolutions, as amended by Dr. Sayre, were adopted by a large majority. The following are the resolutions as amended:

"*Resolved*, That the next annual meeting of

the American Medical Association shall be held in the City of Washington, on the first Tuesday in May, 1868, and every second year thereafter, until otherwise ordered by the Association.

"*Resolved*, That whenever the Association shall meet in the City of Washington, or elsewhere, as directed in the above resolution, the Committee of Arrangements be strictly forbidden either to provide themselves, or accept provision by others, of any entertainment or excursion whatever, which will conflict with the regular business of the body or its sections.

The Cinchona Tree.

On motion of Dr. ATKINSON, the President was directed to appoint a committee to memorialize Congress relative to the cultivation of the cinchona tree in this country.

Papers on Cholera.

The Secretary presented a paper upon the Causes and Management of Cholera, by Dr. E. HARRIS, which was referred to a Committee to examine papers designed for publication

Dr. WM. MARSDEN, of Canada, presented a synopsis of an essay on the contagion, infection, and portability of Asiatic Cholera, in its relations to quarantine. with a brief history of its origin and cause in Canada, from 1832.

A motion to refer to the Committee on Publication was adopted, but afterward reconsidered, and the paper referred to the Committee on Revision, above authorized.

Further Nominations.

The Committee on Nominations made the following amendments to their report, called for by changing the place of meeting from New Orleans to Washington City.

On Prize Essays—Drs. Charles Woodward, W. W. Dawson, S. B. Stevens, Robert Bartholow, P. S. Connor.

Committee of Arrangements—Drs. Grafton Tyler, William P. Johnson, F. Howard, Wm. Marbury, Lewis Mackall, T. F. Mowry, J. M. Toner, of Washington, D. C.

Assistant Secretary—J. W. H. Lovejoy, of Washington, D. C.

Committee on Medical Education—A. B. Palmer, Michigan; —— Byford, Illinois; M. L. Linton, Missouri; G. C. E. Weber, Ohio; H. R. Storer, Massachusetts.

Samuel Willey was added to the Committee on Necrology for Minnesota; also, S. M. Welch, of Texas; John Shrady, New York; John M. Jones, District of Columbia; Thomas M. Logan, California; A. G. Field, Iowa; H. F. Askew, Delaware.

Committee on Medical Literature—George Mendenhall, R. R. McIlvain, George C. Blackman, E. Williams, C. S. Conner—all of Cincinnati.

Epidemics and Climatology—N. F. Thomas, New York; J. W. Hatch, California; Joseph Jones, Tennessee; J. F. Heard, Texas; E. K. Hunt, Connecticut, substituted for Dr. Catlin.

Committee on Publication—F. G. Smith, Casper Wistar, W. B. Atkinson, W. Mayberry, all of Pennsylvania; H. F. Askew, Delaware; H. R. Storer, Massachusetts; and W. W. Dawson, Ohio.

The following was offered by Dr. Cox, of Maryland:

"*Resolved*, That a committee of five be appointed by the chair to take into consideration such amendments or alterations in the plan of organization of this Association, and to remedy defects, if any, and increase its efficiency, and report at the meeting in 1868."

Adopted.

On motion of Dr. PALLEN, of Missouri, the Permanent Secretary of the Association was authorized to draw an order on the Treasurer, which the President shall sign, for an amount of money sufficient to cover his annual expenses in attending the meetings of the Association.

Resolutions of Thanks.

The following resolution was offered by Dr. W. L. ATLEE, of Philadelphia.

"*Resolved*, That the thanks of this Association be presented to the Committee of Arrangements, and to the profession generally of Cincinnati, to the corporate authorities, to the Hon. GEORGE H. PENDLETON, Hon. LARZ ANDERSON, Dr. MENDENHALL, Mayor WILSTACH, and other citizens of Cincinnati, for the cordial welcome and generous hospitality extended to the members of the Association during the present session."

Dr. LEVICK, of Philadelphia, remarked upon the resolution, saying that no body of men were ever before received with more refined and generous hospitality, and he had been sorry to hear certain remarks deprecating this manifestation of the social element of these meetings. It was an important element in promoting harmony, and therefore the dignity of the profession. The resolution was adopted by a unanimous vote.

A resolution of thanks to the following named railroads, for commutation of fares, was also passed: Baltimore and Ohio, Marietta, Little Miami, Columbus and Cleveland, Cincinnati, Hamilton and Dayton, Dayton and Michigan, Cincinnati, Indianapolis and Lafayette, Covington and Lexington, Chicago and Great Eastern.

Dr. COX remarked, that in presenting the matter in person to the President of the Baltimore and Ohio, that large minded and liberal hearted man said, that if a body of politicians, or almost any other class of men had applied for such a favor, he would most likely have refused them; but that, regarding us as benefactors of the race he felt happy to contribute what he could to promote our interests and comforts.

Dr. HUGHES, of Iowa, offered a resolution of thanks to the press of this city, for their full and impartial reports of the proceedings of the Association.

A resolution was presented tendering thanks to L. C. HOPKINS, for his liberality in giving the use of his beautiful hall. Adopted unanimously.

Professor PARVIN, of Indianapolis, was, on motion, delegated to prepare for reading, at the next regular meeting of the Association, a report on the special diseases of women.

Dr. HIBBERD, of Indiana, called up his resolutions offered at the close of the second day's proceedings, on the use of unofficinal preparations by physicians, and the sale of nostrums by druggists.

Dr. Hibbard explained that the object of the resolution was to discourage the use of medicines prepared in peculiar and attractive forms, and insidiously introduced throughout the country, that might be genuine and might not, but which at any rate tended to confuse the practice.

Dr. Post, of N. Y., suggested that instead of the word "unofficinal" the word "secret" be used.

Dr. Levick, of Pa., spoke of these prepared medicines as becoming a great evil. No prescription should be written which could not be put up by any apothecary.

Dr. Cox expressed the opinion that the profession should not patronize any druggist who manufactured, advertised or sold quack medicines. Such druggists, while making enemies to the regular profession, taking their patients from them, had no right to approbation or support from those who confined themselves to regular and legitimate prescriptions.

Dr. Howard remarked: We have a right to regulate our own affairs, but we have no right to interfere with the business of the apothecary, or hinder him from selling what he pleases.

Dr. H. A. Johnson, of Illinois, said: The question seems to be whether it is or is not professional to use remedies not recognized in the standard pharmacopœia of the profession. It does not become this profession to countenance quackery, but we should be free to use any of those remedies presented by the so-called Eclectics, or Hydropathics, or resort to the use of preparations first advanced by Homœopathists, provided we find them useful in overcoming disease. We should stand on the broad platform of science; and no matter from what source remedies come, whether presented by a school of medicine called quackery, or through channels which we are accustomed to call legitimate, we should accept what proves to be useful. In the hands of scientific men they will become legitimate. And these preparations and elixirs that have been referred to, they are not secret remedies; we know what they are, and what their value, and I must feel at liberty to use them, get them where I can.

After further discussion, the resolutions were referred to the Committee on By-laws.

Female Physicians.

Dr. Atlee called from the table his preamble and resolutions proposing to recognize female physicians by the same rules and limitations as other physicians. The vote on taking them from the table was 57 ayes to 52 nays.

As there was no time for satisfactory discussion, Dr. Atlee moved the previous question, but it was not sustained.

Dr. Pallen, of St. Louis, said: "At home I am considered a friend of the ladies, and nothing would give me greater pleasure than to advocate their claims where it could be done legitimately. But in Europe, Austria, France and Prussia, the practice of medicine and obstetrics by females has proved a total failure. It is contrary to the spirit of our profession to have anybody connected with it except men, and men of reason. Nature has so ordained the female, that, at certain periods, she is absolutely unfitted to do anything, consequently, could not attend to the legitimate duties of the physician. Another serious objection—no person can practice medicine or surgery without a knowledge of pathological anatomy, and no woman having sufficient delicacy to enter the sick chamber, would enter the dissecting room to obtain such knowledge. Imagine a lady with her style of dress flitting around in the charnel house, or with microscopes diving into cancer cells. Pass such a resolution as this, and a thousand women about the country, practising specialties connected with the female organization, will demand recognition at our hands, and claim authority for their business pretensions. I think the resolution should be voted down, because it is contrary to the laws of nature for women to practice medicine.

Dr. Davis, of Chicago, moved to refer the resolutions to the standing Committee on Medical Ethics. He believed that the Association would rather avoid, at present, any lengthy discussion of this subject.

Dr. Bowdich, of Boston, was in favor of the idea of the education of females in medicine, and cited several instances wherein their services had been valuable.

The resolutions were finally referred to the Committee on Medical Ethics.

The Secretary read a letter of resignation from Dr. Julius Homberger, of New York.

Several members here arose, and stated their belief that Dr. Homberger should rather be expelled from the Association; that he had violated the Code of Ethics by advertising a specialty. Referred to the Committee on Ethics.

The Chronic Insane.

Dr. Lee, of New York, presented the following:

"*Resolved*, That providing for the poor chronic insane in the jails and almshouses of our country, as at present practised in nearly all the States of the Union, is a gross violation of the laws of humanity, and contrary to the divine injuntion of doing to others as we would be done by.

"*Resolved*, That when the regular hospitals for the Insane of a State are insufficient to accommodate both acute and chronic cases that are sent to them, this Association would strongly recommend the procurement of a suitable amount of land in the vicinity, and the erection of convenient, well planned and well ventilated, but comparatively inexpensive buildings, in connection with and under the same general supervision as the hospitals themselves, where those who are able to labor, and would be benefited by light regulated employment, may be suitably accommodated and properly cared for.

"*Resolved*, That the example of Moss in establishing asylums for the accommodation and humane treatment of the chronic insane, is worthy of all praise and imitation, and in the opinion of this Association, such institutions, if rightly inaugurated and judiciously carried on, will be a benefit to the State in an economical point of view, will raise the character of the State Hospitals, and will greatly subserve the interests of the insane generally.

"*Resolved*, That as the present insane hospitals are capable of accommodating but a small proportion of the 40,000 of the insane of the United States, and as almshouse and jail provision is not adapted to their proper care and treatment, this Association would recommend to the proper State authorities to make such further provision in the direction above indicated, as may tend to the amelioration of their condition, if not the restoration of their rational and moral faculties."

The following were appointed said committee, viz., Drs. C. A. Lee, New York, Gundry, of Ohio, John Fonerden, of Maryland, C. A. Walker, of Massachusetts, and W. S. Chipley, of Kentucky.

The Association then adjourned *sine die*.

[A report of the meetings of the several Sections of the Association will appear in our next number.—Eds. Med. & Surg. Reporter.]

Editorial Department.

Periscope.

WEANING.

Concerning the much neglected question of the proper time to wean infants, a member of the Norfolk (Mass.) Medical Society has some practical observations in the *Boston Medical and Surgical Journal*. After quoting the vague and somewhat contradictory opinions of various authors and medical friends, he goes on:

"The best average I can make, from all these authorities, gives almost eleven months as the approved term for lactation. But eleven months is a longer period than I would have as a rule, in the present state of society. Children weaned at nine months do as well as those weaned at twelve months, for aught I have discovered. And if we fix nine months as the proper term of lactation, one, two, or three months will, in many instances, be added to it, from a variety of causes; and if a longer term than nine months is named, just as much will be added to that, and lactation will be prolonged to a very doubtful period.

I suggest nine months—not as prefigured by gestation, nor by anything else—but simply as the reasonable term for nursing.

In support of a shortened term of lactation, I have an impression, strong enough to influence me a good deal, that children nursed beyond one year—above all, for two years—are not as likely to do as well as those weaned earlier; and that scrofulous and puny children are not benefited by an extended term of nursing, especially of their own mothers; and, on the other hand, that mothers are generally benefited by a brief term of lactation.

The advancement of the teeth is generally made an item in deciding the question of weaning. The age for the development of the canine teeth—the most dreaded period of dentition—is about the eighteenth month, and to wait for the appearance of these teeth would be to establish an unreasonable term of lactation.

On this point of the importance of the development of the teeth, writers are very indefinite; and each writer who does specify what teeth he would have the child exhibit at the time of weaning, states that children usually show the specified teeth at about the age he has named as the fit time to stop lactation; so that, in fact, the cutting of the teeth comes to be a part of a cautious theory, but is in reality of very little consequence in deciding whether a child should be weaned or not.

Practically, children, like some adults, get on comfortably with few teeth or even none. And I have long inclined to the opinion, that the *late* development of the teeth is not unfavoral le to the well-being of the child. This opinion will, perhaps, be sustained. In defence of it I cannot here enlarge, but will mention the facts in one family. Two brothers, the only children, now seven and nine years old, and always in good health, were both weaned, of necessity, before they were nine months old; neither child had a tooth till full fifteen months old, and both had a very easy dentition.

But to our second topic: at what season of the year should a child be weaned?

The testimony now presented, both of authors and of associates, is strong and decisive against weaning in hot weather; and it points clearly to the late fall as the best period for weaning.

The suggestions of Dr. Dewees, spoken of before, which divide the year into a convenient, an inconvenient, and an improper season, were based on a large and careful observation, and are well worth remembering. If we look, however, for a formula on the season, we shall hardly find anything more concise than the words of one of our number already quoted: "either after the warm season has passed, or before it has commenced. Of the two, I prefer the former.

But in this evidence, some doubt appears about weaning in the spring.

I will only add, for myself, that (so strong is my conviction that much nursing is not well borne by the mothers of this day) I would not hesitate to wean in the spring. If a child is nine months old early in May, I would advise that it be weaned, unless its mother exhibited uncommon capacities as a nurse. But each case of weaning, like each case of sickness, is to be considered and managed by itself, and not to be disposed of in rigid accordance with any fixed rules or maxims."

LITHOTOMY IN BOSTON IN 1741.

I send you the report of a case of lithotomy, taken from the *Boston Weekly News-Letter*, November 13, 1741. It is interesting in a professional, as well as an antiquarian, point of view. The operator was Dr. Sylvester Gardiner, who studied his profession in France and England, and afterwards acquired great wealth as well as reputation in the practice of medicine in this city. At the beginning of the Revolution, his large estate was confiscated, as he was a tory refugee. After the war he returned to his native State of

Rhode Island, when he died at Newport, of a malignant fever, August 8, 1786.

Samuel A. Green.

Boston, April, 1867.

A Medical Society in Boston, New England, with no quackish view, as is the manner of some; but for the comfort and benefit of the unhappy and miserable sufferers by the excruciating pain, occasioned by a stone in the bladder, do publish the following case.

In Boston, October 8th, 1741, Josiah Baker, æt. six, was cut for the stone in the bladder, according to Mr. Cheselden's late improvement of the lateral way, by Mr. Gardener of Boston (who had some part of his education in the hospitals and infirmaries of London and Paris) in presence of the Medical Society and others without reserve.

This boy by his complaints seems to have had the rudiments of this stone from his birth, and by degrees the paroxysms of pain became so violent, that death or the operation were unavoidable. This stone was extracted in the lateral method without distraction or dylaceration of the parts, which too frequently kill the patients in a few days or weeks; or if the patient escapes with his life, the urine continues to issue involuntarily by the wound, during an uncomfortable life. Several such miserable instances we have had in this Province for want of skill and discretion in the operator.

This stone when extracted was of a lenticular form, somewhat elongated, imitating the converging part of the bladder, its surface *instar lapidis arenosi*, but more hard and compact, the circumference 4.75 inches; its central thickness 8.5 [.85?] inches; the longest diameter 1.5 inch; the shortest diameter 1.25 inch.

The dressings were soft easy and simple, with a milk diet to mitigate the scalding of the water in the wound. The fourth day the urine began to trickle the natural way; the eleventh day it passed the natural way in a full strong stream; fifteenth day no more urine by the wound; and makes water only three or four times in twenty-four hours. After the twenty-third day, no more dressing, the wound being well cicatrized and the boy at play about the house.

Thus, in about three weeks a complete and easy cure for the stone in the bladder, was effected by the lateral way.—*Boston Medical and Surgical Journal.*

The Prussian Army Organization. Important Change.

Those of our readers who took a part in military life during the last few years will feel interested in the following clipping from the *British Medical Journal* of April 27th:

Letters from head-quarters bring us the official news that the Prussian Government has determined, in consequence of the experience gained in the last war, to make a very important change in the constitution of the medical department of the army. It has decided to give all the medical officers of the army, authority in their own department precisely on the same footing as combatant officers have in theirs. They are to have the same position as surgeons now hold in the United States army. The Prussian surgeons will form a sanitary corps like the engineers, and will have the military command of the privates and non-commissioned officers of this corps, and also of all sick men collected in hospitals. The regimental system of medical service is to be done away with. Each *corps d'armée* will have, when on a war-footing, twelve sanitary companies. There is to be a training-school and head-quarters at Berlin for the men and officers of the sanitary corps. This change is a most radical one, and is to be introduced by degrees.

Reviews and Book Notices.

From the home and foreign catalogues we notice the appearance of some medical works of much interest to the profession. Dr. L. Belloc has brought out in Paris a monograph "De l'Ophthalmie Glaucomateuse;" and Dr. L. Jullian, a physician of wide experience, an essay on the "Principles of the Education of Deaf and Dumb, and Backward Children."

Dr. Jacob Bigelow has in press a volume of miscellanies, which will be published by Little, Brown & Co., Boston. They consist of literary, scientific, and medical papers, many of which were the starting points of new but now accepted theories. The introduction of the paper on "Self-Limited Diseases," marked the beginning of a new era in the practice of medicine in Boston. An eminent Philadelphia physician recently said that he would rather be the author of this essay than the victor of Waterloo. There are eleven medical papers. The remaining miscellanies consist of an address before the American Academy of Arts and Sciences; and essays on historical and literary topics.

Two physicians have lately entered, what, at first sight might appear, the incongruous field of polemical theology. But in fact no body of men have a better opportunity to appreciate design in nature than the anatomists. So rightly argues Dr. G. C. Child, an intelligent English practitioner, who has lately written a work which is well spoken of, called "Benedicite; Illustrations of the Power, Wisdom and Goodness of God, as Manifested in his Works;" and also, Dr. P. A. Chadbourne, Professor in Williams College, in his "Lectures on Natural Theology, delivered before the Lowell, Boston." It is well to see the ancient and questionable reputation of the medical fraternity in a religious point of view, refuted by the almost simultaneous appearance of two such admirable works.

Medical and Surgical Reporter.

PHILADELPHIA, MAY 25, 1867.

S. W. BUTLER, M.D., & D. G. BRINTON, M.D., *Editors.*

AMERICAN MEDICAL ASSOCIATION.

The meeting of the American Medical Association at Cincinnati, an account of whose proceedings is published herewith, was a good one, in that much was accomplished toward carrying out the objects of its organization. Much as the time that should have been devoted to the business of the Association was consumed by the liberality and attentions of the profession and citizens of Cincinnati, it did not prevent the transaction of a large amount of business, some of which was of great interest and importance to the profession.

The attendance was large, quite as large as was reasonable to expect. About four hundred names of delegates and permanent members were registered, and the whole number in attendance must have reached five hundred. The attendance from the Atlantic States was small. Only one line of railway connecting with the States on this side the Alleghenies furnished the delegates with excursion tickets, viz., the Baltimore and Ohio road. This undoubtedly did much to diminish the delegation from these States. The Southern and some other of the longer lines of railway also refused commutation tickets, which resulted in considerably diminishing the representation from a distance. There were no representatives from the extreme South-eastern or Gulf States, and but one from the South-western States. It would have been a very expensive trip to the profession of these States.

The Committee of Arrangements, of which Dr. MURPHY was chairman, had made admirable preparations for the accommodation and entertainment of the Association—in fact, the hospitality of the citizens had been offered and accepted so freely as seriously to interfere with the transaction of the business of the Association. But one afternoon and a portion of another was left for the meetings of the Sections, so that the business transacted in them was done in a hurried and unsatisfactory manner. The effect of this was to constrain the Association to pass resolutions, that next year and every second year thereafter, the meetings should be held in the city of Washington, and when there held, instructing the Committee of Arrangements not to provide or accept any entertainments that would interfere with the regular business of the Association. The profession are under obligations to their brethren of Cincinnati for such a display of hospitality as to bring about this desirable action. It is what has been advocated in this journal for years. The establishment of a permanent secretaryship and the localization of the Association were both originally proposed by us, and both points are now carried, much to the advantage of the Association, as has been proved in the one case, and will be, we are quite sure, in the other. Now, we trust that the cognate proposition suggested by us will, as it can, be carried out, viz., the collection of the archives of the Association, a library and a museum at Washington, where every other meeting is now appointed to be held.

We do not wish to be understood to be entirely opposed to the social feature of the meetings of the Association. On the contrary, we not only heartily approve of it, but regard it as a very important element of the meetings, and would be sorry to see it dispensed with; only let it be subservient to the more important scientific objects for which the Association was originally formed.

We understand that the Committee on the entertainment of the Association provided by the profession of Cincinnati, left wines and liquors out of their programme, the wines provided on that occasion having been a voluntary contribution by other parties. We thank the committee for this action, and we thank Dr. GEORGE MENDENHALL for omitting intoxicating beverages from his elegant reception on Thursday evening.

We were particularly pleased with the action of the Association on the subject of medical education. The report on the subject by Prof. GROSS, chairman of the Committee of the Association on the subject, was in remarkable accordance with the recommendations of the Convention of Teachers of Medical Schools, which had met previously. The action of the Association on this subject was consistent, recommending progress, and we trust that its influence will be felt in the schools throughout the land. But we will have occasion to refer to this subject again.

The able report of Dr. PINCKNEY on the rank of Medical Officers in the Navy, was received with remarkable favor, and an able committee appointed to memorialize Congress on the subject, and on the distribution of prize money.

Some points of interest and importance were brought up, and for lack of time for a proper discussion of them were referred to committees to report next year.

The question of the place of holding the next meeting was discussed in an excellent spirit, and

Washington City finally decided upon for good reasons. We trust that that meeting will witness a large attendance from every section of the country, and that the various committees will be on hand, ready to report.

The financial question was necessarily discussed with considerable earnestness, but comment on that must, with other matters, be deferred to another occasion.

Erratum. In No. 530, in Dr. Adolphus's article, for "Nichols' best glycerine, ʒvss," read Bowers' best glycerine, ℥vss.

Correspondence.

DOMESTIC.

Plugging the Nostrils for Epistaxis.

Editors Medical and Surgical Reporter:

A few months since, in looking over one of the back numbers of *Braithwaite's Retrospect*, I haphened to see, what had before escaped my notice, a new method of plugging the posterior nostrils in cases of dangerous epistaxis, that seemed to me ingenious, and withal of easy accomplishment. The old plan of plugging by means of a sponge drawn through the mouth attached to a ligature, is a very disagreeable one; and when the blood is flowing rapidly down the throat, considerably difficult; and I remarked to a medical friend who was present, that on the first opportunity that occurred to me, I would resort to the plan above alluded to. It so happened that within a few days I was called to an extremely bad case, one in which it was evident that, although the patient was a robust woman, if the bleeding continued much longer she would succumb. The usual remedies had been employed, the anterior nostril plugged, (the hemorrhage was from one nostril,) but all without avail. In accordance, therefore, with the plan recommended I proceeded thus: I took a piece of thin muslin, of the kind that is usually called Canton flannel, that has a nap on one side, about the eighth of an inch wide, and perhaps two feet long, and worked into this nap, (although this is not recommended by the author,) as much powdered alum as I could; then tying a piece of strong twine to one end of this, I bent about an inch over the end of a director from my pocket case, previously bent to an angle of about 45 degrees, and pushed this into the posterior nostril, almost down to the pharynx, retaining the string on the outside and in front of the nostril. The object of the string was to leave space in the anterior nostril for pushing up more readily the strip of muslin, which I continued to do as long as any could be got up; then drawing forward a little by means of the twine, the end that had been bent over the director and first introduced, the whole was firmly impacted in the posterior nostril, and the hemorrhage instantly arrested; not ten drops more of blood were lost; its success was perfect.

I then cut off the strip of muslin and the string that were on the outside, about an inch from the nose, and the whole was left for three days, and then removed by gently drawing down the end of the muslin, to which no ligature had been attached. It came away readily, and there was no return of the hemorrhage. This is the only opportunity I have had of trying this plan, and what the result would be if it was generally adopted I cannot tell; should it prove as successful, however, as in this case, its contriver will certainly deserve the thanks of the profession.

E. Platt, M.D.

Rhinebeck, N. Y., May 13th, 1867.

Dr. Banning's Brace.

Of several communications we have received regarding Dr. Banning's Brace, we give this week the following, premising that it represents the tone of all.

Editors Medical and Surgical Reporter:

I read Dr. Banning's article in the Medical and Surgical Reporter, immediately opened a correspondence with him, and purchased three braces, with the following results:

Case 1. Mrs. Mc——, temp. phlegmatic, aged 60. Has been suffering from prolapsus uteri, with its attendant evils, for many years. Had been treating her for several months, relief only partial, success anything but desirable. Applied the brace. Two days after, told me she felt like a different woman. Directed her to use it faithfully for a month, and if it was not attended with marked benefit, to return it, and she should not be charged anything for the use of it; that it was a mere experiment, and the brace must stand upon its *own merits;* if it fulfilled the indications, I should want many more, if not, she should lose nothing by it; my object was to *benefit her*, not to sell Dr. Banning's Braces. Her husband paid me for the brace before the expiration of the month, telling me "she was all right." Had walked a mile at a time, since using the brace, something she had not been able to do for months.

Case 2. Miss H——, temp. nervous, aged 20.

Had been dosed with alteratives, tonics, stimulants, laxatives, and local treatment all to no purpose, was getting worse, rather than better—could not walk any more, not even sit up in bed, without experiencing violent nervous paroxysms. Applied a brace—walked down stairs next day, and upon seeing her again told me she was well. I had changed the treatment (by the advice of another (older) physician) a few days before, and thought possibly the change might be attributable to such change in the treatment, removed the brace and locomotion was out of the question—restored it, and she could walk.

Case 3. Mrs. R—, temp. nerv. sanguine, aged 63. Has been troubled with prolapsus for years. Says "she has tried everything." Would frequently be called in to see her during paroxysms of great pain, and relieve her temporarily. Told her I thought a brace would benefit her. She had tried them (meaning supporters) without much benefit. Is a poor woman, and the price was an objection. Told her I would give her the use of a Banning brace, and if it did not benefit her she should return it in four weeks. She won't part with it now under any consideration, and has no occasion to call for medical treatment since. Thinks it the best instrument yet invented for relieving women, is recommending it to her neighbors similarly afflicted.

Members of the profession, who may make this subject a specialty, may succeed equally well in practice without any such aids. Can't they be persuaded to give us the benefit of their experience through your columns?

I have nothing further to say—think the cases speak for themselves.

Very truly yours, H. H. Roedel, M. D.

Tyrone, Pa., May 3, 1867.

News and Miscellany.

The Medical Convention in Canada.

Ottawa, May 17. The Medical Convention, which has been holding its annual meeting here for the past week, adjourned last night. Business of much importance to the profession was transacted.

The right of homœopathics and eclectics, who profess to have legal qualifications to demand registration, is to be tested in the courts.

Parliament will be petitioned to pass an act to prevent the publication of immoral and indecent advertisements in the public papers in this Province, and to prevent the circulation, through any channel, of pamphlets of a similar character.

Professor Agassiz on the Negro.

In a recent lecture, Agassiz remarked: "I have pointed out over a hundred specific differences between the bonal and nervous systems of the white man and the negro. Indeed, their frames are alike in no particular. There is not a bone in the negro's body which is relatively the same shape, size, articulation, or chemically of the same composition, as that of the white man. The negro's bones contain a far greater percentage of calcareous salt than those of the white man, even the negro's blood is chemically a very different fluid from that which courses in the veins of the white man. The whole physical organism of the negro differs quite as much from the white man's as it does from that of the chimpanzee—that is, in his bones, muscles, nerves, and fibres, the chimpanzee has not much further to progress to become a negro than a negro has to become a white man. This fact science inexorably demonstrates. * * * * * Climate has no more to do with the difference between the white man and negro, than it has with that between the negro and chimpanzee, or than it has between the horse and the ass, or the eagle and the owl. Each is a distinct and separate creation. The negro and white man were created as different as the owl and the eagle. They were designed to fill different places in the system of nature. The negro is no more a negro by accident or misfortune, than the owl is the kind of bird he is by accident or misfortune. The negro is no more the white man's brother than the owl is the sister of the eagle, or the ass is the brother of the horse. How stupendous, and yet how simple is the doctrine that the Almighty Maker of the universe has created inherent species of the lower animals, to fill the different places and offices in the grand scenery of nature!"

The Castor Bean in California.

The experiments made in California in cultivating the castor oil bean have resulted on the whole successfully.

The bean plant grows luxuriantly, and the yield is very great, surpassing in those instances which came under our observation that of any other oil seed save the sun-flower. But there is no way of gathering the crops known to our people, which dispenses with a large amount of hand labor. The seeds do not ripen simultaneously, but a few only at a time, ranging over a period of several weeks. If the seeds are not gathered as soon as ripe the balls snap, the beans are scattered over the ground, and in that condition are hardly worth the cost of gathering. The making of castor oil will soon come to be a special business, and we may say that much more skill is required in the manufacture of merchantable castor oil, than is required in the production of any other of the vegetable oils. With a powerful press the grinding process may be wholly dispensed with; but the bleaching and clarifying process requires considerable skill and some knowledge of chemistry.

—— Dr. J. S. Cohen has removed his office to 127 South Tenth Street.

Extraction of Volatile Principles.

Millon some years ago proposed to extract the volatile essences or resins of spices, and other vegetable substances, by means of bisulphide of carbon; but the essences obtained in this manner, after being purified by rectification, still retained perceptible traces of the extracting menstruum. Piver has found that these traces of alcohol of sulphur may be completely removed by washing the crude product with a little alkaline water.—*Repertoire de Pharmacie, from Jour. of Applied Chem.*

Women Doctors in England.

The London *Spectator* says: "We have heard the opinion of one of the most eminent of our living physicians, that one of the new lady physicians is doing, in the most admirable manner, a work which medical men would never even have had the chance of doing. Mothers bring their children to her in hundreds to consult her on really important points, on which they freely admit that they would never have thought of taking advice at all had she not been accessible to them. And we should not be surprised to find that even in law, as certainly in literature and art, special fields of exertion quite consistent with feminine instincts will spring up, if they are only looked for."

Valley of the Great Salt Lake.

In a discourse delivered before the Cincinnati Academy of Medicine, Dr. Robert Bartholow speaks as follows of the Valley of the Great Salt Lake.

When the Pacific Railroad reaches this valley, it must become a great watering place—eventually, probably the greatest watering place on this continent. On the northern side of the city a warm spring issues from the base of the mountain, the water of which is conveyed to a large bathing house. Three miles further north a hot spring issues from the same mountain in a large stream, with a roaring noise due to the escape of steam. The water of this spring forms a lake of considerable size. South of Salt Lake City is Utah Lake, a beautiful body of fresh water about thirty miles in length by two in breadth, lying in the lap of the mountains. The river Jordan flows northward from Lake Utah into Great Salt Lake. The water of this river is fresh at its origin, becomes somewhat saline at Salt Lake City, and is quite salt when it comes to empty into the lake. The lake itself is the chief wonder of this region. It is a large inland sea, having no outlet, of varying depth of from one to ten feet. It is almost a pure solution of common salt. It contains 20 per cent. of chloride of sodium, and but two per cent. of other salts. Its density is such that a man may float upon it without difficulty. Bathing in it has all the delightful invigorating properties of seabathing. There is, however, no surf. The shores are flat and monotonous, and on the western side, vast saline plains exist, once covered by the water of the lake, which had then a much higher level than at present. There is no accumulation of water or diminished density; the evaporation of the extended surface is quite equal to the continual supplies from the river and streams emptying into it. This brief sketch of the topography, climatology and resources of Great Salt Lake valley, will justify the remark that it is destined to become a favorite resort of tourists and health seekers, and especially a sanitarium for consumptive invalids. The time will come when instead of recommending our patients to betake themselves to the sea-shore, we will enjoin them to bathe in the Jordan and Great Salt Lake.

—— Doctors Appointed to Offices under Government. The name of Dr. Alexander N. Dougherty, of Newark, N. J., was sent by the President to the Senate on the 11th of April, for Postmaster at Newark. He was confirmed immediately. Dr. Dougherty served throughout the late civil war as a surgeon, and occupied positions of high trust, and requiring great executive ability. Dr. Nightingale has been appointed Deputy Collector of United States Revenue for the 4th district of New Jersey, and will reside at Paterson.

[Notices inserted in this column gratis, and are solicited from all parts of the country; obituary notices and resolutions of societies at ten cents a line, ten words to the line.]

MARRIED.

Hiester—Shelly.—May 9th, 1867, at the residence of the bride's parents, by Rev. Nicholas Gehr, Mr. Alexander S. Hiester, of Reading, Pa., and Mary Catharine Shelly, eldest daughter of Dr. A. F. Shelly, of Philadelphia, Pa.

DIED.

McKeehan.—On the 26th of September, 1866, Dr. Samuel McKeehan, at West Alexander, Washington county, Pa., in the 92d year of his age.

This Nestor of the profession was born in Cumberland county, Pa., in 1775, graduated at Dickinson College, and in 1803 settled at Wellsburg, Va. In the war of 1812 he was first Asst. Surg. in the 3d Reg. 2d Brigade Ohio Militia, and subsequently promoted to the Surgeoncy. Captured by the English he barely escaped the gallows as an alleged spy. After the war he permanently settled at the village where he died. He was, in all, in active practice sixty-four years.

METEOROLOGY.

May,	6,	7.	8,	9,	10,	11,	12.
Wind	S. E.	E.	N. E.	N.	W.	W.	N. W.
Weather	Cl'dy.	Cl'dy. Rain.	C'dy. Rain.	Cl'dy.	Cl'dy.	Clear.	Clear.
Depth Rain			3 5-10				
Thermometer.							
Minimum	42°	45°	49°	40°	44°	45°	49°
At 8, A. M.	56	57	56	54	55	60	59
At 12, M.	69	59	58	59	64	68	63
At 3, P. M.	72	60	59	62	66	69	66
Mean	59.75	55.25	50.50	53.75	57.25	60.50	59.25
Barometer.							
At 12, M.	29.9	29.9	29.1	29.7	29.9	30.	30.2

Germantown, Pa. B. J. Leedom.

MEDICAL SOCIETY OF NEW JERSEY.

The next Annual Meeting of the Medical Society of New Jersey will be held in the City Hall Buildings at Newark, on the fourth Tuesday of May, (the 28th,) at half-past 7 o'clock, P. M.

WM. PIERSON, Jr.,
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Orange, N. J. April 26, 1867. 530—t.f.

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TO PHYSICIANS.—At the request of several members of the profession, DR. HORATIO R. STORER, will deliver a private course of twelve lectures upon the TREATMENT OF THE SURGICAL DISEASES OF WOMEN, during the first fortnight of June, at his rooms in Boston. Gentlemen attending the course, will be required to show their diplomas. Fee $50. Hotel Pelham, Boston, March 29th, 1837. 528—t.f.

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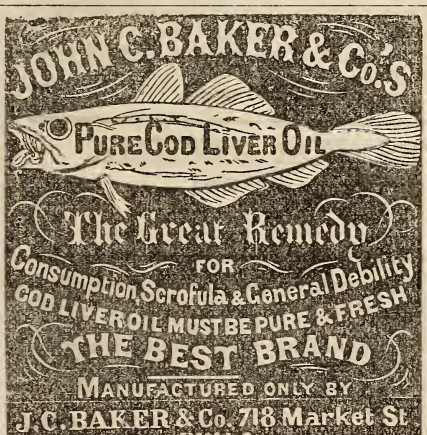
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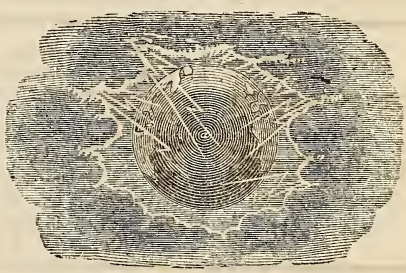

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	Cod liver Extract.		*Cod-liver Oil.*
Oily Acids and Glycerine		none	95.967
Ichthyoglyceine	50.009	none	
Propylamine	2 545	none	
Acetic, Lactic, and Butyric Acids	6 000	.320	
Extractive (undetermined)			
Gaduin etc	10.620	.318	
Non-oleaginous Organic Constituents		69.165	.438
Phosphorus and Phos. Acid	2.090	.713	
Sulphur and Sulphuric Acid	.200	. 71	
Iodine	.154	. 37	
Chlorine with trace Bromine	1.525	.149	
Soda	1 170	. 55	
Magnesia	.366	. 9	
Lime	.510	.152	
Potash	.211	none	
Ammonia	2 8 2	none	
Inorganic Constituents		8.988	.786
Water and Loss		21,747	3,009
		100 000	100 000

The extract is thus shown to contain 135 times as much of non-oleaginous organic substances as the oil, and 15 times as much of inorganic elements. Those two classes of bodies together form 78.153 per cent. of the extract, but only 1.024 of the oil. In a tablespoonful of the oil, which comprises 240 grains, there are therefore present hardly 2½ grains of the above matter, while the extract is almost wholly composed of them.

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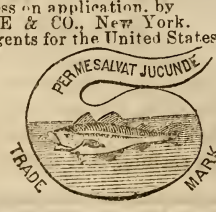

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THE

MEDICAL AND SURGICAL REPORTER.

No. 535.] PHILADELPHIA, JUNE 1, 1867. [Vol. XVI.—No. 22.

Original Department.

Communications.

COLD WATER IN SURGICAL CASES.

By Harvey L. Byrd, M. D.,

Professor of Obstetrics in the Medical Department of Washington University, Baltimore, Md.

It is astonishing with what rapidity certain ideas in medicine become popularized, and how soon unquestioned credence is accorded to any real or fancied virtues that may be claimed for them. The general tendency is to take such things for granted, rather than encounter trouble in investigating whether they do or do not possess sufficient merit to entitle them to our adoption. Accident, or a combination of circumstances favorable to its development, has been the prolific source from whence a large proportion of our most valuable physiological and therapeutic knowledge has been obtained; but subsequent experiment and investigation were necessary to enable us to appreciate their real value, and make use of our knowledge of them with scientific accuracy and precision. Take for example, the discovery of the circulation of the blood, and the antiperiodic action of Peruvian bark, not to mention the vast benefits derivable from the action of anæsthetics in surgery, and the prompt and pleasing effects which follow the use of the hypodermic syringe in certain cases. How intelligently we now resort to their use, and how confidently we expect certain definite and decisive results from them? Yet these agents were not known, nor their effect appreciated until within a comparatively brief period. The medical graduate of yesterday feels himself, and in most cases really is, as competent to administer chloroform or ether, or inject therapeutic agents into the cellular tissue, as the more experienced teacher or practitioner. And yet, a vast amount of empiricism and want of philosophy may be seen in the senior as well as junior members of the profession, in the application of that most ancient, simple, but potent therapeutic agent—*cold water.*

It was the custom in certain portions—if not generally so—of the Southern army, during the late civil war, to apply cold water to recent wounds of almost every character, and with little or no reference, in many cases, to the age of the wound, or other circumstances connected with its infliction or situation. Thus, from the loss of a finger to the shattering or carrying away of an arm or a leg, cold water was applied without regard to the shock to the nervous system or other circumstances, in many cases.

This tendency to resort to the application of cold water in injuries is of very general prevalence in civil practice also. No remedial agent at our command is more potent for good in certain conditions of the system than cold water, when judiciously applied; but though capable of producing the most satisfactory results under certain circumstances, it is equally capable of injurious ones when improperly used.

More or less shock to the nervous system is sustained in every case of injury, and this shock is either immediate, or more or less remote, but when it occurs, a temporary paralysis of the nerves of the part is experienced. This shock may extend to the brain or cerebro-spinal axis, and when so violent as to impress the ganglionic or great sympathetic system, generally results in death or complete paralysis of the nervous system. From this statement, it is obvious that the capillary circulation at and near the seat of even a slight wound, will be more or less deranged or interfered with, and in cases where no laceration of the vessels has occurred, a state of congestion or torpidity, varying with the extent of shock, will be the consequence. Where a forcible solution of the ligamentary or other tissues of the body has been produced by a projectile or other form of force, but little hæmorrhage occurs, even where large and important arteries and veins are lacerated and sundered. But even in cases where hæmorrhage has resulted from the wound, the shock to the part remains for a length of time, varying with and being modified by the condition of the person, the character of the force, the extent of surface involved, and its situation in regard to its importance to life.

The effects of injuries upon the system are

found to vary also with different individuals, and with the same individual at different times and under different circumstances, as well as with the quality and character of the force by which the injury is inflicted.

But all these facts are too familiar to the profession to require anything more than mere mention of them in this connection. What I wish to show by a reference to them is, that the wounded and proximal parts are not in such a condition *immediately* after the receipt of an injury, as to justify the use of cold applications.

Every army surgeon knows that the shock is so great in many cases of seemingly slight injury, as to require the use of stimulants and restoratives before any surgical interference with the patient can be practised; and it is often necessary to restore the circulation and arouse the nervous system from the temporary paralysis or depression, before it is even safe to remove a patient from the field or the spot where he was injured, and that too, very often where not a single ounce of blood has been lost from the system. It would be obviously improper to envelope such a person in a cold wet sheet, and keep it wet and cold about his person. And yet such a procedure would scarcely illustrate with sufficient force the injudicious use of cold water to a recent injury or wound. Cold, when applied to the human body for any length of time, produces an astringent and sedative effect, and possessing these qualities or properties, it is a highly valuable—I had almost said invaluable—agent in the management of injuries and wounds *after* the establishment of *reaction*. By lessening the calibre of the blood-vessels, and allaying heat and irritability, it prevents excitement and consequent distension of the capillaries of injured parts, and lessens a tendency to hæmorrhage or injurious inflammatory action.

From what has been said, it would seem obvious that *warm* (or at least frictions) rather than cold applications are indicated in *all* cases of injury unattended by hæmorrhage or a tendency to it, where the *vis medicatrix naturæ* is found inadequate to the task of establishing proper reaction in the injured part.

Thus we perceive the application of cold to recent wounds, as a general rule, retards nature in the proper performance of her legitimate work of restoration or reparation after the receipt of injuries, and therefore, actually protracts rather than hastens a cure. Again, the application of cold water, particularly in a stream, or the "drip," is injurious in wounds where it is desirable that union should be effected by the first intention, or rapid granulations, as its action in such cases is to wash away or dilute the "coagulating lymph" which nature is using to effect the desirable objects alluded to above.

No one can be more partial to the action of cold, or cold water when philosophically employed, than I am. Indeed, when properly timed, I know of no agent that can supplant, or even act as a substitute for it.

When a little more at leisure, I may ask a page in your valuable and widely circulated journal, on which to record some of the uses of cold, and cold water in surgical cases.

INHALATIONS OF ILLUMINATING GAS IN PERTUSSIS, WITH SOME OTHER NEW TREATMENT FOR THE SAME MALADY.

By J. Solis Cohen, M. D.

The Medical and Surgical Reporter of the 18th inst., leading off with an article on the cure of hooping-cough at the gas works, from the pen of Surgeon W. S. King, U. S. A., the following resumé will not be uninteresting in connection with the subject; and I trust it may stimulate research for the cure of a malady for which, in my hands, the best cure has been "nine *weeks*—or more." Since the facts that follow have come to my knowledge I have not been solicited to attend a case of hooping-cough, but I certainly intend to advise gaseous treatment at the first opportunity. Where the treatment began, and who first suggested it, I am at present ignorant. In the spring of 1864, at Amsterdam, children with hooping-cough were sent to the gas-works and permitted to breathe the atmosphere for a certain period, with very satisfactory results, many cases having been reported cured, and no case having been injured by the treatment.

During an epidemic of pertussis at Calais in the winter of 1864, a number of children thus affected were sent to the gas-house to breathe the vapor at the moment it escapes after subjection to the purifying process. The children are reported to have begun to improve as soon as they were exposed to this atmosphere, and thorough cures resulted. Two or three visits sufficed to put an end to the paroxysms of cough. See also (*Am. Jour. Med. Sci.* April, 1865, from *Brit. Med. Jour.*, Nov. 5, 1864,) the report of M. Commerge to the Imperial Academy of Medicine as to the effect of this treatment in 142 cases subjected to the vapors at the works of St. Maudé. The treatment is said to have been beneficial at all of periods the disorder, twelve séances in general having proved adequate for the cure. The ex-

posure on each occasion is givenat two hours duration.

Dr. BERTHOLLES reports similar results at *Ternes*, the records at which works for the period of six months show the cure of 219, and the relief of 122 more, cases out of 901 exposed to the treatment.

See more recently on the same subject *Schmidt's Jahrbücher*, July, 1866, p. 63.

The subject is worthy of attention. What is it that is the remedial agent? The ammoniacal vapor? But ammoniacal vapor will promote paroxysms of cough even when employed in minute proportion. The tar vapor? The impure hydrocarbon? Who knows? It occurs to me one might try the experiment by turning on the gas in the room occupied by the patient.

Gases of various kinds have been employed in hooping-cough. A series of experiments of this kind were made at the *St. Annen's* Hospital for Children in Vienna, a few years since, the results of which are thus summed up.

Inhalation of pure oxygen did not provoke paroxysms of cough.

Inhalation of nitrous oxyde gas, or of *a mixture of oxygen and atmospheric air*, did not induce a single paroxysm of cough, even when the inhalation was considerably prolonged. The children inhaled from five to ten minutes, and discontinued the process reluctantly.

Inhalation of pure nitrogen and hydrogen was attempted on but one occasion. It was inhaled reluctantly, and but for a very short period. In two cases, the inhalation of nitrogen was interrupted by paroxysms of cough. Inhalation of hydrogen produced disposition to cough in one case.

Inhalation of carbonic acid gas always produced a very heavy fit of coughing at the first deep inspiration. A mixture of one volume of the gas with fifteen of atmospheric air always produced a fit of coughing, if not immediately, within two or three minutes. When further diluted, this result was not constant, but fits of coughing followed more frequently than from the inhalation of the ordinary air.

A very slight proportion of ammoniacal vapor, so slight as to escape detection by the sense of smell, was followed by constant, severe paroxysms of cough, in the limited number of cases in which it was inhaled. (*Jahrb. fur Kinderkeil kunde*, 1862.)

In the *American Medical Recorder*, 1822, p. 660, Dr. THOMAS has recorded the case of his own son, æt. 4 mos., who, after suffering from hooping-cough for nearly three weeks, was cured in ten days by the inhalation of the nitrous gas—the hoop having disappeared after the third application. The apartment being tightly closed, a teacup was placed in a sand-bath, half an ounce of sulphuric acid was poured into the cup, and to this was gradually added half an ounce of the nitrate of potassa in powder, so as to occupy an hour in the disengagement of the fumes. This was repeated every night, did not provoke paroxysms of cough, and the child usually fell asleep at an early hour.

The *vapor of turpentine* has also been employed in the treatment of hooping-cough. (See *Schmidt's Jahrb.*, July, 1866, p. 62.)

The use of the inhalation of solutions broken up into spray has led to the employment by inhalation, of other than volatile remedies in the treatment of hooping-cough—such as solution of tannin, (*Schmidt's Jahrb.* July, 1866,) etc.

But the most novel treatment, and upon newly advanced pathological inferences, is that of Dr. ROHN, of Hanau, (*Wien. Med. Wochenschrift*, 1866, xiv. 52 and 53,) who was led to the employment of *inhalations of nitrate of silver in hooping-cough*, from the result of several laryngoscopic examination of adults and children while suffering with this affection. He found the mucous membrane covering the anterior wall of the lower portion of the interior of the larynx, and the commencement of the trachea, hyperæmic in a marked degree, the vocal cords sparkling white and in marked contrast to the intense congestion of the sub-glottic region. He therefore considers that the lower laryngeal region and the upper portion of the trachea are the seat of catarrhal inflammation during the spasmodic stage of hooping-cough; and he is confirmed in this view by the uniform statement of adults, and children of some size, that a peculiar severe irritation about the upper part of the windpipe precedes the spasm of cough which it excites. Dr. ROHN inquires whether the existence of the catarrh at this point is not the true cause of the peculiar paroxysms of cough; and whether the irritation of the inferior laryngeal nerve, which contains sensory fibres, will not produce the same results as irritation of the internal filaments of the superior laryngeal nerve? Concluding, therefore, that the commencement of the spasmodic affection might also be due to a catarrhal condition of the mucous membrane of the central and smaller bronchi, he resorted to the therapeutical effect of inhalations in order to reduce the inflammatory process by a local caustic action. He has convinced himself that such treatment resulted favorably in the cases reported:—six in children

four years of age, and two in grown persons. The medicament was a solution of the nitrate of silver, gr. ½—1, to the ounce of distilled water, according to the age of the patient and the severity of the attack. About half an ounce of the solution was inhaled once daily. All these cases were of from three to five weeks duration, and either in the beginning of the convulsive stage, or at its maximum.

Dr. Rohn states, that after the first two inhalations, and after the first three at the farthest, the cough diminished to a marked extent, both as to duration and violence, and in all of the cases with an immediate abatement of the vomiting;—that after the 4th—6th inhalation the general characteristic hooping-cough symptoms disappeared, leaving in its wake, at the most, but a trifling simple catarrh. A still further experience convinces the investigator that, at least with children over four years of age who can very readily be made to take the inhalation, other febrile complications of the respiratory organs do not contra-indicate the inhalatory treatment.

Philadelphia, May 21st, 1867.

TURPENTINE AS A REMEDIAL AGENT.

By Stiles Kennedy, M.D.,
Of Hallstown, Del.

Its external application in Fever and Ague.

As the true malarial season is near at hand, I propose to give the profession the benefit of some experiments and considerable experience in the use of a cheap and efficient remedy for intermittent fever. While in Savannah, November, 1862, I assumed control of the medical department of the 47th Georgia Regiment in order that its surgeon might visit his sick wife in Griffin. Several companies of this regiment had been exposed during the summer months to the effluvia of the rice fields on the Savannah river, and at first "sick call" I found over one hundred cases of "chills." No quinine was being issued at this time by the confederate purveyor, but instead of this potent remedy, infusions of pinknea pubens. Spanish willow and dogwood were sent in large quantities with full directions for their use, and the hope was expressed that I would be able to return a favorable report of their effects. And I will state here, that when the patient is in comfortable quarters in town, away from exposure and malarial influences, with sufficient tone and calibre of stomach to bear repeated drenchings of these nasty infusions, there is no difficulty in curing intermittent fever. But my troops were in field, and on picket drill every day. They were badly drilled, and the officers were exceedingly anxious that every man should be out if it were possible. The infusions failed during a severe trial. I never gave medicine for the men to take with them; while in camp they had to go to the steward's tent and take it at the hours prescribed. If on picket or guard duty, the corporal or sergeant had the medicine with full directions. But to-day and night the sergeant would drench his picket, and to-morrow at eleven o'clock the patient would shake as if a turreted monster was about to exterminate him; nor was there any mistake about the men having chills in each case. I allowed no medicine to be given unless the patient was seen by a medical officer or other competent person.

Placed in this emergency, I concluded to try the effects of the external application of turpentine, believing that sufficient impression could be produced on the system to break the succession of paroxysms.

Accordingly I issued the following instructions to assistant surgeons. "To be made at once: a careful registry of all cases of intermittent fever, stating the duration of the disease, what remedies had been tried, temperament, chill hour, moment of application, how long on, condition of bowels, skin, tongue, result. The patient to appear at the steward's tent forty-five minutes before 'chill time,' as shown by registry.

"On the arrival of the patient he is to have a bandage of cotton cloth eight inches wide and wet in turpentine, to be applied to the whole circumference of his chest, linen to be buttoned closely down, and patient wrapped in a blanket and kept in sight of medical officer."

Sixty-two cases were registered. and on the third day I found fifty had been cured by the first application, nine by the second, and three by third. During this time eight new cases had occurred; all cured on first application. Fowler's solution was directed in each case, five drops three times a day, and in a little while no one was so poor as to honor the "call" of the surgeon.

My subsequent experience in the use of this remedy has not been altogether so successful as the onset promised it should be. This has been, not the fault of the remedy, but rather, the misfortune of untoward circumstances. My next experience was in the summer of 1863 at Adams Run, S. C., while in charge of Shultz's battery, part of Aiken's (7th) Cavalry and a portion of Abney's battalion, Infantry. The three branches of service offered a fine opportunity to test the remedy, as they were doing duty on the swamps of Foogoodoo creek, a notoriously malarious district.

but medical aid was so scarce that I could get no help, not even a steward, and the troops were scattered about over a line several miles in length; to these I made daily visits, and medicines and directions were always left with the orderly sergeants. And here I was frequently told that turpentine would not stop the chill even after the third trial. On an examination of the cases I would generally find that the chill gained an hour at each atack, and that the oil and paroxysms went on about the same time. In other cases the disease would lose two or three hours at each paroxsmal return. Not unfrequently I found that the chill continued every second-day, instead of every day in succession; on investigation these would turn out to be double second-day chills. That is, a chill every day, but of second-day type, occuring at the same hours only on alterniate days, and even then the hour of paroxysm recede or supersede.

Sometimes the patient, being allowed to go to his quarters, would remove the stupe on the first appearance of pain. However, after the third chill,—often after the second,—I almost always found the patient so exhausted, as to make it necessary to send him to the upland interior, where I lost sight of him.

The great majority of the cases even here yielded promptly to the remedy, and I did not have to send off more than one-twelfth, and these were sent from causes enumerated.

During the fall of the same year I used the same remedy on Sullivan's Island, and subsequently at Petersburg, Va., and have always found it a prompt and efficient remedy.

In over two hundred and fifty cases, where it has been applied under my immediate supervision, I can remember but few cases of failure. Two of these were in men on whose skin the oil made not the slightest impression, no pain or redness; and in four or five cases malignant remittent fever supervened.

I spoke of this method of treatment to several planters in the south, and after trying it in their families, and with their servants, they were delighted with the results.

By direction of Surgeon-General MOORE, the same plan of treatment was carried out in several hospitals on the southern coast, and so far as I am aware, with entire success.

Mustard has repeatedly been proposed to me as a substitute for the remedy in question. I have often used it, and no doubt the *rationale* of its action is the same, but I have many times found the skin swollen, very sore, and followed by eczematous vesication; neither of these troubles have I ever observed after the use of the oil of turpentine. I have yet to see a single case of strangury produced by this medicine in this disease.

Where the skin seems more than usual insensible to the effects of the remedy, I double the cloth. Where the skin is very delicate, so that the accession of pain portends evil, I remove it; but the desired effect is produced. However, either of these conditions is comparatively rare. Most patients let the bandage remain on till it is dry.

I have applied it under every imaginable circumstance; in military practice on the march, on picket, guard, field infirmary, hospital; in the hot sunshine and dust of summer, and in the coldest storms of winter; in civil life, at the rude tenement of the uncouth poor, and at the castle where lordly wealth was now not wont to come; and I have found in the whole list of the materia medica no remedy more prompt in its efficiency.

It commends itself to a large class whom we have with us always, the poor. It is *cheap, abundant, efficient and convenient.*

I do not claim that because it breaks the succession of paroxysms that they will not return; on the contrary, if the patient is exposed to malarious influences they will return, for the *cause* will produce its *effect.* I care not what remedy you break the chills with, it will return after the remedy ceases to act, and the cause is in full operation.

It is notoriously so with quinine, and this has brought the "specific" into much disrepute with country people. They say "it only stops the chills for a while."

After the morbid chain is broken by the oil, I keep it so by another cheap, and beyond comparison, the most effectual and complete remedy, the *liq. potassa arsenitis, gtt.* v. *ter die.* In cases where there seemed any biliary complication, I directed in my first experience the following at night:

℞. Pil. hydrarg., gr. x.
Podophyllin, gr. ¾. M.
Fl. pil., No. iij.

And up to this time I have had no reason to change it. Where the bowels are very susceptible to the action of purgatives, two of the pills are sufficient.

As to the mode of action of the oil of turpentine, I submit,

1st. The pain produced by it calls the whole attention of the mind.

2d. The impression on the nerve centres.

3d. The stimulant effect.

Hospital Reports.

Jefferson Medical College,
May 22, 1867.

Surgical Clinic of Prof. Gross.

Reported by Dr. Napheys.

Irritability of Bladder.

Thos. S., æt. 66. He passes water frequently, every hour. Micturition is attended with a sensation of burning or scalding. His water is loaded with mucus, and generally high-colored. He has had rheumatism frequently. About three years ago he fell on his back, and has had some difficulty with his bladder ever since. Lost flesh some time ago, which he has since regained. Bowels regular. Temperate habits.

The sound was introduced without coming in contact with any stone. The size of the bladder was found to be ample, and as the instrument passed over the surface of the organ, it seemed to be rough, as if the bladder might be fasiculated, as not unfrequently happens in chronic cystitis, especially when it depends upon enlargement of the prostate gland, stricture of the urethra, or some other mechanical obstruction to the emission of the urine.

The finger was introduced into the bowel, to ascertain if there were enlargement of the prostate gland. It was found not to be materially enlarged. It was slightly increased in size laterally toward the left side, but normal on the right side.

The next point for examination is the condition of the urine, which must be determined before any satisfactory treatment can be instituted. If the urine be found to be alkaline, acids will be indicated. On the contrary, if acid, alkalies, especially bi-carbonate of soda and potassa, will be useful, with adjuvants, as lupulin and morphia, or some preparation of opium, administered by the mouth or rectum, in the form of enema or suppository. Generally, when there is much irritability of the bladder, advantage is derived from an anodyne suppository, as one-fourth, one-third, one-half, or one grain of morphia, either alone or in combination with extract of belladonna or hyoscyamus, introduced into the bowel toward bed-time.

Diastasis of Condyles of Humerus.

Mary B., æt. 4 months. This child presents a contorted or twisted condition of the right superior extremity. The elbow has always been stiff, her mother says, and she cannot raise the arm at the shoulder-joint. She had two falls when about a week old, since which time, this difficulty has manifested itself.

The parts have the appearance such as would be presented in a case of fracture of the condyles of the humerus in an adult. In all probability, the falls which this child experienced caused a separation of the condyles at their epiphyses—a very uncommon case. The stiffness at the shoulder-joint is doubtless owing to the want of use of that articulation.

The child was ordered the hot and cold douche on the part, followed up with frictions of soap liniment, and with passive motion of the joint.

Chronic Inflammation of Foot.

Mrs. Matilda R., æt. 19. Her left foot was injured over three years ago, by an oak rail, which fell across the instep. It has been alternately better and worse, but never entirely well since, compelling her to use a crutch all the time. There is considerable swelling in the entire foot, even the toes are larger than they ought to be, and the swelling extends up above the ankle. There is a good deal of motion at the ankle-joint. The pain is most troublesome at night, preventing her from sleeping. It is of a sharp, darting character. The weather has no influence upon it. She has lost flesh; tongue coated: headache; poor appetite; bowels regular.

In prescribing for cases of joint disease, it is necessary to take into consideration the state of the system at large, especially in females, in whom sometimes the trouble is closely connected with disordered menstruation, or with an hysterical condition. In this case, however, there is inflammation. Where it is precisely located, is not very easy to determine. It is probable that nearly all the joints of the foot are implicated, and the ankle also, but not to any considerable extent. There is, doubtless, periostitis, and perhaps the osseous system itself may be involved. It is surprising that openings have not formed and abscesses taken place.

No surgical operation would be justifiable here. The attempt must be made to relieve the inflammation of the joints and periosteum by local and constitutional remedies. A vast amount of good might be produced by the use of iodine properly applied, two parts of the tincture to three of alcohol, not so strong as to produce any considerable action on the skin, but sufficiently strong to stimulate the absorbent vessels to a removal of the effused fluids. Pressure should also be made with the bandage carried from the toes up, and passive motion instituted. She was ordered to use the hot and cold douche once or twice in the twenty-four hours, then apply the iodine, make passive motion, and put on the bandage. She should exercise in the open air with the foot supported in a sort of stirrup. Internally, she was directed ten grains of blue mass, with one grain of ipecacuanha, every fourth night, and

℞. Acidi sulphurici aromat., f.℥ss.
Quiniæ sulphatis, ʒss.
Tr. ferri chloridi, f.ʒj.
Hydrarg. chloridi corros., gr. iij. M.
Sig. gtt. xxv. ter die.

At bed-time, ten grains of Dover's powder, or its equivalent in morphia. Her diet should be nutritious, but plain and simple.

Cases of Epithelioma.

Case 1st. Wm. R., æt. 67; laborer. This patient has an epithelial ulcer on the right side of the middle line of the lower lip, which came on about a year ago. It presents all the characteristics of epithelioma. Eight years ago an operation was performed for a disease of similar

kind, on the left side of the lower lip. He smokes a wooden pipe, which, however, he holds on the left side. Prof. GROSS has never seen a case corroborative of the views of the late Dr. WARREN, of Boston, and Prof. MILLER, of the University of Edinburgh, that this disease is frequently caused by smoking.

A V-shaped portion of the lip was removed, including all the diseased structure, and the parts brought accurately in apposition by means of the twisted suture, two pins being introduced.

Case 2d. Jno. McG., æt. 62. This man has epithelioma, affecting the mucous membrane of the right corner of the mouth.

The diseased structure was excised, and the edges of the wound approximated with the twisted and interrupted suture.

There is no involvement of the lymphatic ganglions in these cases, and the prognosis is therefore favorable. Union by the first intention is expected throughout the whole extent of the wound. It hardly ever fails to take place, even when the loss of substance is much greater than it has been in either of these cases.

Excision of the Upper Jaw for Encephaloid.

William E., æt. 38. This patient was present at the clinic on May 1st, on account of encephaloid of the antrum of Highmore, (vide p. 421.) The disease, of not quite four months' duration, has gradually involved the superior maxillary in the greater portion of its extent, as high up as the floor of the orbit, but how far back it is impossible to say. There seems to be a portion of the ascending process of the bone free from disease, judging from the fact that there is no outward appearance of its being thus affected. The teeth retain in part their hold, especially in front.

On looking into his mouth a large fungous mass is observed, apparently projecting beyond the middle line or raphé of the mouth. This, however, is only apparent, as the disease very rarely jumps across the suture formed by the juncture of the horizontal plates of the superior maxillary bones. The mass is exceedingly vascular. It bled last night and the night before. The growth has taken place rapidly, being first observed only about four months ago. It probably existed several weeks, however, before it attracted attention.

If the tumor were cut into, there would be profuse, perhaps fatal hemorrhage. Therefore, in its removal, care will be taken to cut around it.

The patient was placed under the influence of ether, instead of chloroform, as the operation was performed in the erect posture, in order that the blood might not pass into the larynx.

Portions of the upper jaw-bone were removed by some of the older surgeons,—by ACOLUTHUS in the latter part of the seventeenth century. But the whole of the upper jaw-bone was for the first time removed by the late Dr. JAMESON, of Baltimore. Prof. GROSS has performed the operation a number of times, and never lost a case. No matter how severe the operation may appear, the patient usually recovers with very little difficulty. He has some trouble for a little time with deglutition; mastication is out of the question; but the patient can always be sustained by fluid diet, alcoholic stimulants, and the use of anodynes. It is a matter of great importance in the after treatment, to guard against the swallowing of the saliva, which is apt to poison the system, and give rise to pyemia. The patient should lie on his side instead of his back, and his mouth be frequently washed out with proper gargles. If any saliva should get into his stomach, charcoal or permanganate of potassa should be administered.

The patient being seated in a chair, and fully etherized, a curvilinear incision was made from the zygomatic process of the malar bone to the commissure of the lips, and another by the side of the nose, vertically upward. The bleeding vessels were then ligated, and the flaps dissected up, so as to expose the outer surface of the tumor thoroughly. The morbid mass was then removed by means of bone pliers. There was neceesarily a loss of a considerable amount of blood. The hemorrhage was stopped by the ligature and the use of MONSELL'S solution. The whole of the nasal cavity on the right side was laid open. The amount of diseased structure was very great, extending in every direction. It obviously commenced in the maxillary sinus.

Medical Societies.

AMERICAN MEDICAL ASSOCIATION.

The following items were omitted from our report of the minutes of the meeting of the Association.—[EDS. MED. AND SURG. REP.]

Cholera and Quarantine.

Dr. CHARLES A. LEE, of New York, submitted the following resolutions bearing upon the subject of cholera and quarantine, which were unanimously adopted as the sense of the Convention, without discussion.

Whereas, It was declared by a vote of Congress at its last session, that it is not within the constitutional powers of the general government to establish a general and uniform system of quarantine for the different ports of the United States; and,

Whereas, The cholera infection has been introduced, during the last year, into the United States, and has prevailed more or less extensively in many of the cities, towns and villages of our country since its introduction through the port of New York; and,

Whereas, The experience of that city, as well as other places both at home and abroad, has demonstrated the efficacy of thorough sanitary measures, and certain chemical disinfectants, especially *carbolic acid* and *sulphate of iron*, in destroying or preventing the spread of cholera *virus*; it is hereby urgently recommended by this association, that the attention of physicians throughout the United States be chiefly and constantly directed to the employment of similar means, and the free use of the same disinfectants, wherever the cholera poison may show itself: Therefore,

Resolved, That as the experience of Europe

and the United States has satisfactorily shown that the cholera poison cannot be effectually controlled or kept in check, except where the *cordons sanitaires* are absolutely prohibitory of all intercourse, as was the case in the entire island of Sicily and the coasts and frontier of Greece during the recent cholera epidemic; and

Whereas, There is no good reason to believe that the people of the United States would willingly submit to the enforcement of such prohibitory measures and non-intercourse as is necessary to hold the cholera poison in check, especially after its introduction into the country, it is hereby recommended to all municipal bodies and Boards of Health to pay special attention to requisite sanitary measures, such as the cleansing of streets, lanes and alleys; the supply of pure drinking water to the inhabitants; the ample provision of chemical disinfectants, and their prompt employment in necessary cases; the separation of the sick from the healthy in the same dwelling; the inspection and regulation of tenement houses; the provision of nurses, hospitals and competent physicians for the sick poor who may be attacked; provision for early burial of the dead; the separation of corpses from the living; and the prohibition of the custom of *waking the dead*, and all other measures which have been found necessary to control the progress of the disease.

Resolved, That experience proves that the publication of the facts connected with the existence and progress of cholera in any place, instead of disturbing the popular mind while it reveals the exact extent of the danger, robs it of the halo of alarm and fear with which the imagination surrounds indefinite pestilence walking abroad by noonday.

The Annual Assessment.

Dr. Toner proposed the following, which includes an article of the Constitution, with the amendments added: The sum of five dollars shall be assessed annually upon each delegate to the sessions of the Association, as well as upon each of its permanent members, whether attending or not, for the purpose of raising a fund to defray the *necessary* expenses of the Association, and for printing the Transactions. The payment of this assessment shall be required of the delegates and members in attendance upon the sessions of the Association previously to their taking seats and participating in the business of the session. Permanent members not attending, shall forward their yearly dues to the Treasurer, and thereby shall be entitled to receive a copy of the printed Transactions, the same as delegates.

Referred, after an animated debate, to Committee on Revision of Constitution and By-Laws.

Dr. Cox submitted the following resolutions, which were unanimously adopted:

The late Surgeon C. S. Tripler, U. S. A.

Resolved, That in the loss of Surgeon Charles S. Tripler, U. S. A., who died in this city since the last meeting of the Association, the profession throughout the country, the army of the United States, and the Association especially, have experienced a serious loss.

Resolved, That in the high moral integrity, Christian character, professional ability, and conscientious love of his vocation, we recognise in Dr. Tripler one of the truest illustrations of a sound physician and a good man.

Resolved, That the condolence and sympathies of the Association are hereby tendered to the family and relations of the deceased; and the Secretary is directed to communicate to them a copy of these resolutions.

Dr. Davis moved that the committee charged with procuring suitable accommodations for the Archives of the Association in the Smithsonian Institution, in Washington, D. C., be continued. Carried.

Dr. Alden March, of New York, offered the following:

Resolved, That the thanks of the Association are due, and are hereby tendered to the President and retiring officers for the ability, impartiality, and courtesy manifested in the discharge of their arduous duties. Carried.

Dr. Cox moved that surplus copies of the Transactions of the Association not yet out of print, be sent to the Secretaries of similar organizations, in exchange for the volumes published by their own bodies. Carried.

Dr. Hughes presented the following:

Resolved, That those members of the Association who have contributed to the amount of five dollars to the publishing of future Transactions, shall be entitled to any back volume of the Transactions to the amount of the same, as they may want. Carried.

MEETING OF SECTIONS.

Surgical Section.

Sessions at the Medical College of Ohio, May 7th and 9th, 1867.

The meeting was called to order at 3, P. M. Prof. S. D. Gross, M. D., of Philadelphia, was appointed Chairman, and Dr. J. L. Little, of New York, Secretary.

Dr. Joseph S. Hildreth, of Chicago, Ill., read a paper "On the Action of Belladonna in Diseases of the Cornea." The writer maintains that in certain conditions of the eye, the nervous integrity of the cornea may be so disturbed as to cause a peculiar state of anæsthesia. The dilatability of the pupil is correspondingly lessened, and the effects of atropia are of short duration. There may be either an acute or a chronic form of anæsthesia. In corneal affections with anæsthesia and diminished dilatability of the pupils, belladonna is indicated, but with normal dilatability of the pupil and absence of corneal anæsthesia, belladonna is not required. A thorough division of the ciliary ring, and not the evacuation of the aqueous humor, affords relief for corneal anæsthesia. Paracentesis of the anterior chamber may, in some cases of this class, prove serviceable by diminishing congestion of the ciliary ring, but not otherwise.

Iridectomy, in one case, notwithstanding that it removed all intra-ocular tension, failed to re-

lieve the corneal anæsthesia. Division of the ciliary ring, fifteen minutes afterwards, at once accomplished that result.

Dr. HAMMER remarked that according to DONDERS, corneal ulceration was due, not to any nervous lesion, but to the lodgment of particles upon the cornea, the presence of which was not noted by the anæsthetic cornea.

Dr. HILDRETH thought that the experiments of MAGENDIE, which he would not then recite, proved directly the reverse.

Dr. GROSS entertained a similar opinion.

Dr. HILDRETH's paper was, on motion, referred to the Committee of Publication.

"A Report on the Use of Plaster of Paris in Surgery," by Dr. James L. Little, of New York, was similarly referred.

Dr. B. HOWARD, of New York, read a paper entitled "Ligation, with Depletion of Varicose Veins of the Leg, with a Case of Radical Cure."

The operation consisted in first distending the veins, by causing the patient to stand upon the leg affected. A stout unarmed aneurism needle was passed behind the vein, just above the internal malleolus, and its points caused to emerge on the opposite side. The needle being then armed with a silver wire ligature, withdrawn, and disarmed, both free ends were left ready to be fastened. This process was repeated at nine different points.

The ligature first applied was secured by passing both its free ends through a hole in a small leaden disc, which was capped by a perforation of buckshot. Forcible compression with a common plyers completed the manipulation. The two ligatures in the popliteal regions were similarly disposed of.

The vein between these extreme points was then punctured in several places, and the blood allowed to escape, which it did rather freely. All the ligatures were then secured.

Paper referred to Committee of Publication.

The following, after having been read, were likewise referred to the same committee.

On a New Method of Operating on the Bones for the lengthening of the same, by Prof. J. C. Hughes, of Iowa.

A Report on the Ligature of the Subclavian Artery, by Willard Parker, M.D., of N. Y.

A contribution to the Hip-joint operations during the late civil war, being the statistics of twenty cases of Amputations, and thirteen of Resections of this Articulation in the Southern Army, by Paul F. Eve, M.D., of Nashville.

A collection of cases of Lumbar Colotomy, (Amussat's operation), by Geo. C. Blackman, M.D., of Cincinnati.

The following papers were laid on the table for further action:

Observations on Rhinoscopy, by Laurence Turnbull, M.D., of Philadelphia.

A paper on the Bibliography and Observations on the present condition of Aural Surgery, by Laurence Turnbull, M.D., of Philadelphia.

On the treatment of Hernia, by Chauncy F. Perkins, M.D.

A novel case of Lithotomy, by Edw. Whinnery, M.D., of Iowa.

The following committees were appointed to report at the next Annual Meeting:

On the Ligation of Arteries—Benj. Howard, M.D., of New York, Chairman.

On the treatment of Club-foot without Tenotomy—Lewis A. Sayre, M.D., of New York, Chairman.

On the Radical Cure of Hernia—Geo. C. Blackman, M.D., of Cincinnati, Chairman.

On the Operations for Hare-lip—A. Hammer, M.D., of St. Louis, Chairman.

On the Errors of Diagnosis in Abdominal Tumors—G. C. E. Weber, M.D., of Ohio, Chairman.

The section then adjourned *sine die*.

SECTION OF PRACTICE OF MEDICINE AND OBSTETRICS.

Session at the Dental College, Thursday, May 7th.

The section having convened at 3, P.M., Prof. M. K. TAYLOR, of Keokuk, Iowa, was elected Chairman, and Dr. EDWARD HALL, of Auburn, New York, Secretary.

An abstract of a report on the Therapeutics of Inhalation (J. Solis Cohen, J. A. Da Costa, and Louis Elsberg, committee) was read, and laid upon the table until the report itself could be brought before the section. (It was subsequently referred to a special Committee.)

Dr. JOSEPH G. RICHARDSON, of New York, read a paper entitled "Clinical Thermometry in Diphtheria." From numerous observations made by the author he had become convinced that while the membrane is forming and rapidly extending, the heat of the body increases, and returns to the normal standard as the membrane disappears. The temperature of the body, therefore, affords one of the most valuable indications in the prognosis and treatment of the disease.

An interesting discussion in regard to the temperature of the body, not only in diphtheria, but in other diseases, took place, participated in by Profs. Johnson, Comegys, Dr. Severance, Dr. Williams, and others. It was finally voted that the author be requested to continue his investigations, and report at the next meeting of the Association.

An unfinished paper, by Dr. A. G. FIELD, of Iowa, on the "Treatment of Disease by Atomized Substances," was presented, and the author was requested to read the same completed at a future meeting.

Portions of a paper by Dr. STEPHEN ROGERS, of New York, on "Extra-Uterine Fœtation and Gestation," containing a statement of the symptoms, and recommending abdominal section, in order to meet the indications, were read. It was voted to recommend it for publication in the Transactions. Remarks were made by Profs. H. R. Storer, Palmer, Byford, Parvin, and others, after which the section adjourned.

Session, May 9th, 1867.

The section was called to order at 4, P.M. Dr. HIBBARD in the chair.

The minutes of the last meeting were read and approved.

The Secretary reported that he had been una-

ble to procure the report on the "Therapeutics of Inhalation."

After some discussion, it was voted to recommend to the Association to give the Committee on Publication discretionary power in regard to printing this report, or portions thereof, in the Transactions.

Prof. M. K. Taylor, of Keokuk, read a paper entitled, "Remarks on the Diseases of the Heart, as observed in the military service, 1861–5."

He remarked that in many men debilitated by malarious and other diseases, and hardship, a condition of the heart existed similar to hypertrophy. These cases resulted from a loss of muscular tone; were not serious, and were restored to health after a lengthy period of rest, and treatment of a tonic and hygienic nature.

Dr. Bowditch had observed a similar condition in soldiers whom he had examined, as had also Dr. Gross, at Pittsburgh, Pa.

Dr. Hall, of N. Y., remarked that in his examinations of several hundred returned soldiers, he had frequently detected the same cardiac condition, accurately described in the paper read by Prof. Taylor.

The paper was recommended for publication in the Transactions.

The minutes of this meeting were read and approved, and the section adjourned *sine die.*

Section on Meteorology, Medical Topography, etc.

Session, May 7th, 1867.

Dr. B. H. Catlin, of Conn., was called to the Chair, and Dr. N. S. Davis, of Ill., appointed Secretary.

Dr. Hamil read an interesting report on the Climatology of Illinois, giving reports of the sanitary condition and mortality rates of Chicago. He referred to the singular fact that in Illinois, cerebro-spinal meningitis was more prevalent than in any other State.

Dr. Davis pointed out the fact that erysipelas was once very prevalent along the watercourses crimsoned by the blood of many slaughtered animals, and that the intensity of type was proportionate to the depth of tint.

Adjourned until Thursday.

Session, May 9th, 1867.

Dr. Davis read a paper on the "Causes of Cholera," as previously appointed, after which the meeting soon adjourned.

Paper referred to Committee of Publication.

Section on Psychology.

The section of Psychology was organized by the election of Prof. Chas. A. Lee, as Chairman, and Prof. H. R. Storer, as Secretary.

After remarks had been made by several of the members present, it was determined to recommend to the Association the names of the following gentlemen as a Committee to report upon the subject of Insanity at the ensuing meeting:

Drs. Chas. A. Lee, of N. Y.; John B. Chapin, of N. Y.; A. B. Palmer, of Michigan; W. W. Jones, of Ohio; H. R. Storer, of Mass.

Upon motion of Dr. Toner, the meeting was then adjourned.

Editorial Department.

Periscope.

Local application of Collodion.

Dr. Wm. Murray, of Newcastle on Tyne, has a letter in the *Brit. Med. Jour.* recounting his use of collodion as a means of effectually applying medicinal agents to surgical wounds. I have used it to bring about the closure of a false anus at the umbilicus, and the result promises to be satisfactory. My present remarks are the result of three months' investigation into the same subject, with a somewhat different object in view. I have used simple collodion as a dressing for sluggish ulcers, bed sores, and ulcers on paralyzed parts, with the most extraordinary success, having healed ulcers of the latter class, after they had resisted every kind of treatment. The addition of tannin is, of course, invaluable in such cases. The use of a solution of corrosive sublimate in collodion, for the cure of nævus, has now an established reputation; but I do not know that *strong solutions of iodine in collodion* have been tried by any one, and it is to these I would call attention. Collodion will take up a very large quantity of iodine; so that, if we want a very strong and persistent application to an old enlarged gland, to a periosteal swelling or any thickened tissue, a film of this iodised collodion is both safe and effectual. I am in the habit of applying a weaker solution to sluggish scrofulous sores, with the best effects; and Mr. Hope of this town, who has also tried this, speaks very highly of its value. Such an application has a most wonderful effect in alopecia areata. I observed that hair had grown a quarter of an inch under an application in less than ten days.

M. Maisonneuve on Tearing and Crushing in Surgery.

M. Maisonneuve has just published a paper on surgical poisonings. He thus denominates phlebitis, angioleucitis, erysipelas, diffused phlegmon, gangrene, traumatic, hectic, urethral, peritonitic, and puerperal fevers, all of them affections which kill at least ninety-five out of every hundred patients who die after surgical operations. All these diseases, according to M. Maisonneuve, are true cases of poisoning, caused by the putrefaction of the fluids of the animal economy when brought into contact with the air. The subcutaneous method, the extemporaneous ligature, cauterisation by arrows, tearing digital compression, injections into closed cavities, obliterating, evacuative and antiseptic dressings—all these plans possess the great advantage of either preventing the putrefaction of the exuded fluids, or of efficaciously closing the orifices by which their putrid elements could penetrate. In support of this view M. Maisonneuve adduces the rarity of traumatic mishaps in the hospital wards where these new methods have been adopted.

Reviews and Book Notices.

An Inquiry into the Origin of Modern Anæsthesia. By the Hon. TRUMAN SMITH, Member of the U. S. House of Representatives for the 26th, 27th, 29th, and 30th Congresses, and of the U. S. Senate for the 31st, 32d, and 33d Congresses. Hartford: BROWN & GROSS. 1867. 8vo., pp. 165. With a portrait of HORACE WELLS. *Price*, $1.50.

Our readers will not, we trust, find fault with the citation of the following paragraph from the preface to this work:

"The papers constituting this examination were, with the exception of the last chapter, originally published as communications in "THE MEDICAL AND SURGICAL REPORTER," at Philadelphia, under the *nom de plume* of "A Lover of Truth and Justice," and are now republished with a view to a more extended circulation. I deem it proper to avow their authorship, and to assume the responsibility of the statements made and views presented therein. It is proper to state here, that the friend at whose instance I undertook the investigation, is S. W. BUTLER, M.D., the able editor of the periodical above named, whose love of truth and hatred of imposture led him to take a deep interest in the subject discussed in these pages. I should be sorry, should it appear that I have done injustice to any one, which has been far from my intention. That I have presented the essential elements of the case, in conformity with the fact, I verily believe."

This claim of candor, as well as correctness, is well borne out in Mr. SMITH'S volume, by its tone, as well as by its facts and their evidence. While pretension and fraud are not spared, historical truth is aimed at, and we believe attained, with justice to all. From this book, better than from any other source within our knowledge, may be obtained the *data* for a genuine record of the method of the discovery of surgical anæsthesia. From Mr. SMITH'S summary, we gather the conclusion, expressed in our own words, as follows.

The first event in the series of causation was the discovery, by Sir HUMPHREY DAVY, of nitrous oxide, and his experiments with its inhalation. All chemists, soon thereafter, became acquainted with the exhilarating and other narcotic effects brought on by breathing either that gas or the vapor of ether. Next, in 1844, came the cardinal observation of HORACE WELLS, of Hartford, during an exhibition of the effects of the "laughing gas" by G. Q. COLTON, that a person under its influence was insensible to the pain of blows and bruises. With the quick perception of genius, young WELLS seized at once the idea, which may be truly said, though conceived by DAVY, to have been the first born into the world—that by gaseous inhalation, operations might be rendered painless. He proceeded at once to have it tried, by Mr. COLTON, upon himself; having a tooth extracted, after breathing nitrous-oxide gas, without pain. Other operations of a more serious kind followed, with success in several cases, though sometimes with partial disappointment. WELLS continued his investigations. The first *publication* upon the subject was a communication by Dr. P. W. ELLSWORTH, in the *Boston Medical and Surgical Journal*, June 18th, 1845.

W. T. G. MORTON was a resident of Hartford at the time of this discovery of WELLS', and soon removed to Boston. Intending to try it for his own purposes, he called upon Dr. C. T. JACKSON, to obtain some of the gas. This gentleman, not finding it convenient to furnish it at the time, without any appreciation of or confidence in the experiment, mentioned what all chemists had known for years, that the effects of ether and of nitrous oxide were very similar. Ether being procurable at any time, MORTON obtained some, and tried it upon a patient September 30th, 1846. Anæsthesia was produced, and a tooth extracted without pain. MORTON thenceforward claimed anæsthesia as *his;* but on endeavoring to patent it, found that he had to share the claim to the use of *ether* with JACKSON. The latter endeavored to secure all the *glory*, in the scientific world, by a communication to the French Academy. MORTON has since in vain labored to obtain from the United States Government the substantial reward of $200,000 from the national treasury. HORACE WELLS died prematurely, in comparative poverty and obscurity.

Now, what will be the just award of posterity as to the merits of these claimants to the great discovery? To DAVY belongs the praise of successful scientific inquiry and research, without which all the rest would have been impossible, for several generations at least. HORACE WELLS displayed the intuition of genius in striking out a great practical application from a simple fact, unobserved by others. JACKSON made accidental use of knowledge familiar to many, in his suggestion to MORTON about ether. Lastly, MORTON, without either science or genius, had the good luck to light upon success in the trial of ether, and used a boldness and industry in the promulgation of its use, which soon made it universal.

The return to the use of nitrous oxide, which dates from an experiment made by Dr. JOSEPH H. SMITH, of New Haven, and Mr. G. Q. COLTON,

in June, 1863, has thrown a new interest about the history of Horace Wells and his original discovery. This is well told in the pages before us, in a memoir by Dr. Ellsworth. The whole work is well written and very interesting. We think it ought to be held to decide the controversy forever.

The Mineral Springs of the United States.

We have been favored with a few of the advance sheets of a work now in course of publication by Messrs. Kelly & Piet, Publishers, Baltimore, entitled, "The Mineral Springs of the United States, by J. J. Moorman, M. D., Resident Physician of the White Sulphur Springs, Va., and Professor of Anatomy and Physiology in Roanoke College, Va., etc. etc.

This work is a new edition of Dr. Moorman's work, issued some years ago, bearing the title of "Virginia Springs, and Springs of the South and West," greatly enlarged in size, and rendered much more valuable by containing a comprehensive account of *all* the mineral fountains that are places of valetudinary or fashionable resort in the Northern and Eastern States, with their analyses and medicinal applications, with an *appendix*, containing an account of the mineral waters of *Canada*.

The work is eminently practical in its character, and will supply an obvious want, both to the professional and general reader, in this department of medical literature. It is filled with instructive observations and advice, the fruit of a scientific investigation of the action of mineral waters, upon the part of the highly intelligent author for many years, while residing during the summer months at various watering places, and especially at the Greenbriar White Sulphur Springs in Virginia, the most fashionable resort south of Saratoga, as well as perhaps the most efficient in the restoration of invalids to health. As an example of the character of the work, we give the following extract: "I have said that the opinions generally prevailing in enlightened circles, relative to the curative powers of our principal mineral fountains, being founded on experience, may in the main be correct. I would not be understood, however, as advising a reliance upon such popular fame. Information of this kind is sufficient to awaken attention and incite inquiry, but certainly should not be implicitly relied on in individual cases. At best, it is generally 'hearsay' opinions, made up ordinarily from partial and empirical sources, or, quite as likely, from the prejudiced accounts which are brought by visitors from the different watering places, and which are *sweepingly* favorable or prejudicial, as they may chance to have been benefited or worsted, and that without reference to the specific action of the agent, or that clear understanding of the pathology of the case which would serve as a guide in its application to others. Every physician knows how prone persons are to err in the use of medicines, from the supposed resemblance of cases. Often am I pained to see persons persevering in the use of a mineral water to their evident prejudice, and for no better reason than that Mr. or Mrs. Such-a-one was cured of a disease supposed to be similar, or by the general recommendation of some medical man, who sent them to the 'mountains,' with a 'carte blanche' to use 'some of the mineral waters.'

"Occasionally it has become my painful duty to advise patients to retrace their melancholy steps homeward, without using any of the waters, because none were adapted to their case. Mineral waters are not a *panacea*,—they act like all other remedies, by producing certain *effects* upon the animal economy, and upon principles capable of being clearly defined. It follows that there are various disorders and states of the system to which they are not only not adapted, but in which they would be decidedly injurious."

Again, the author remarks with reference to the incredulity of some who profess to be unbelievers in the medicinal activity of mineral waters, and who, without denying the benefit that is often derived from visiting such fountains, attribute the whole to travel, change of air, exercise, relaxation from business, etc., etc. "I freely admit that these are often important agents in the cure of a large class of cases, but from long experience at a popular watering place, and the numerous cures I have seen effected from the water itself, totally disconnected from any of the adjuncts alluded to, it would be quite as easy to convince me that *bark* is not tonic, that *jalap* does not purge, or that *mercury* will not salivate, as that mineral waters may not be an active and potent means of curing disease entirely, independent of the valuable adjuvants that have been alluded to."

The book will be a large duodecimo volume of at least five hundred pages, and is warmly commended to the medical profession, as well as to invalids laboring under chronic disease, the perusal of which, while guiding the medical man in his advice to invalids, will also prevent the latter from hazardous and empirical experiments.

M. D.

Medical and Surgical Reporter.

PHILADELPHIA, JUNE 1, 1867.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

MEDICAL SOCIETY OF PENNSYLVANIA.

The Medical Society of the State of Pennsylvania will meet at Pittsburgh on the second Wednesday—the 12th of June. A large attendance is anticipated and provided for. Some new county societies have been organized, and there will probably be a larger representation of the profession of the State than has occurred at any previous meeting of the Society. Medical organization is progressing favorably in this State, and we shall expect to be able from time to time to record the formation of many other county societies. We have readers in every county of the State, and we urge them, in those counties where there are no medical societies, to enter at once upon the work of organization, so that by next year they may be represented in the meetings of the State Society.

The only question that we are aware of that will come before the Society by appointment, is that involving the status of women doctors. At the last meeting of the Society, held at Wilkesbarre, the following resolution was offered by Dr. Mowry:

"*Resolved*, That the resolution of 1860 is not intended to prevent the members of this Society from consulting with regularly educated female physicians who observe the Code of Ethics."

That resolution reads as follows:

"*Resolved*, That it is the sense of this Society, that members of the medical profession cannot, consistently with sound medical ethics, consult or hold professional intercourse with the professors or graduates of female medical colleges as at present constituted, inasmuch as some of the professors are irregular practitioners, and all of their colleges ineligible to membership [representation?] in the American Medical Association."

The matter has been brought before some of the county societies, and we presume that all will be ready to give their deliverance upon the subject. We trust that it will be dealt with candidly and with liberality, without prejudice or subservience to preconceived notions.

The question is not, "Shall women be allowed to practice medicine?" That is already decided. Some women think that the profession of medicine is one for which they have peculiar qualifications, and it cannot be denied that in some respects this is true. The State Legislature, too, has seen fit to charter a medical college and hospital for women, and the corporators are authorized to confer the degree of Doctor of Medicine. We are bound therefore to have women doctors. The question for us to determine is, shall we, for the honor of medicine and for the general good, encourage them to organize their medical schools properly, on the basis of legitimate medicine, and let their status be such that we can consistently recognize them and meet them in consultation; or shall we repel them solely on the ground of their sex? If they practice medicine legitimately our refusal to recognize them will not make them quacks; and if we refuse them the courtesies due to regular practitioners of medicine, the effect will simply be to make trouble in our own ranks. We do not understand that any favors are asked for this class of practitioners, but simply justice. We trust that the State Society will act wisely on this subject.

Another matter for the consideration of the State Society will be the condition of the insane poor of the State. It was expected that provision would have been made by the last Legislature for the building of an institution for the accommodation of the insane in the northeastern counties of the State, and a law was framed, and its passage considered certain, but it failed through the obstinacy of a member, who refused unanimous consent to have it called up in the final hours of the session. We trust the Society will utter its voice on the subject, and that at the next session of the Legislature, it will be introduced early in the session, when we have no doubt the law will be passed.

Dr. Brinton, who is connected with the Reporter, is a delegate from the Chester County Medical Society, and expects to attend the meeting.

Notes and Comments.

Criminal Abortion.

We are glad to observe that the religious press is lifting its voice against the too common crime of abortion-producing. Among others, we notice an elaborate editorial in the *North-western Christian Advocate*, published at Chicago, and one in the *Western Episcopalian*, published at Gambier, Ohio. Rev. Dr. Todd, of Pittsfield, Mass., one of the leading divines of New England, has also spoken out in unmistakable English on the subject, first in a communication published in the *Congregationalist* of Boston, which has since been neatly issued in pamphlet form, and which will be noticed at length soon.

It is high time that the minds of the peo-

ple should be instructed in regard to the criminality attending the production of abortion, and "line upon line, and precept upon precept" must be given until the wicked practice is discontinued.

The Origin of Modern Anæsthesia.

We would call the special attention of our readers to the notice, in another column, of the Hon. Truman Smith's work on the above subject. Any lover of good argumentative reading on a subject of great interest, would do well to possess that work. Our profession has been, and is being most outrageously imposed on by W. T. G. Morton, and the swindle should be stopped. We believe that the timely production of these articles in the Reporter, prevented an imposition on the Government to the tune of $200,000.

Again we recommend to our readers a perusal of this interesting volume.

Erratum. In the Reporter for May 4th, in Dr. Marsden's article, an evident error occurs in the title and elsewhere through the article, in the word Parageusis, which is printed Paragensis.

Correspondence.

DOMESTIC.

Popular Fallacies.

Editors Med. and Surg. Reporter.

In the Reporter of Feb. 15th, you publish, with some editorial comments, an article on the "salt question," remarking, very justly, that it requires some courage to take the unpopular side of a question; remarking also, that an assertion was repeated and reiterated until it came to be an accepted fact, no matter how much it militated against the truth or common sense. This you say in substance, before giving the very sensible letter of Dr. Rand. I do not live in a city which is interested in the "salt question," but still subscribe to the doctrine put forth in the letter and the comments.

In the same journal, however, under the head of News and Miscellany, is an article from the *Journal of Applied Chemistry*, that illustrates your preliminary remarks, which I propose to remark on.

"Effects of Pearlash.

"If our friends can in any way teach their wives, daughters, or cooks, to keep the pearlash out of their bread, all the yellow people, especially the yellow children, who are supposed to be turned yellow by the fever and ague and bilious fevers, will soon be turned white. It is a great mistake to suppose that the yellow countenances of the West come from bile, when it is the enormous quantity of pearlash eaten in the bread that is reflected through the skin. Bread is the staff of life, it is said; and so it is—but it is the staff of death, too, in this country. Bad bread kills about as many people here as bad rum. So many people eat poisonous pearlash for bread that they die by inches. Dyspepsia, that great monster disease of the country, that deranges the liver, brings on costiveness, and thus finally kills the human victim, is half the time 'pearlash.' Here in the East—out of New England—we have driven off the pearlash-salæratus cooks, but not altogether. Pearlash lives here yet in bread, but in cities and towns we have nearly whipped out the murderers. In the distant western towns, beyond the good hotels of the lakes and rivers, pearlash, under the name of salæratus, is king. It is not any wonder, then, that the people of the East turn yellow West, and sicken, not of fever and ague, bilious and congestive fevers, but of pearlash three times a day."—*Journal of Applied Chemistry.*

I am unacquainted with the journal from which this is quoted, but am at a loss to account for the repetition of such a stale statement in a paper that should maintain a reputation for originality and accuracy while bearing such a title. The statement was first made in the New York *Tribune*, in that loose way which characterizes a public journal, in making an onslaught on the domestic cookery of this country.

There is foundation for the remarks, but nothing to give them place among the exact statements of a scientific paper or medical journal.

Potash enters largely into cookery and medicine, but that it has anything to do with the diseases of the West, or of the yellowness of the people, is as absurd as it is to attribute it to the color of the moonshine. It is not true, that the people of the West or East are universally yellow, or in any part of our country outside of malarious districts. As well state it as a fact, that the color of yellow fever is caused by eating yellow biscuit or yellow oranges.

Bi-carbonate of potash, or salæratus, enters largely into the cookery and domestic remedies of our people, and may be productive of dyspepsia and of bilious diseases, as stated, but that is to be proved, and is a very doubtful *assertion.*

The impure potash of commerce, consisting of subcarbonate of potassa, sulphate of potassa, chloride of potassium, silex, and oxide of iron mainly, is subjected to a process of fusing before an open fire, which drives away a part of its impurities, and causes it to absorb another portion of carbon. This is pearlash, which is seldom or never used in this state; it is then subjected

to the fumes of carbonic acid gas, originally, by being suspended over the fermenting tubs of the beer manufactories—I believe now there is a quicker process of adding another measure of carbon—becoming bi-carbonate of potassa, or "salæratus." The process should be familiar to any one who writes the articles for a "Journal of Applied Chemistry." This is the composition of the substance, as I gather it from the meagre authorities at hand. It is relieved of much of the causticity of potash, and by the last process, of the causticness of pearlash. It is mixed with flour always to combine with acid, which discharges the carbon in the form of carbonic acid gas, producing the æration of the bread. Now what becomes of the potash? The acid applied to neutralize the alkali is generally sour milk, tartaric acid, acetic acid, or phosphoric acid. If the alkali and acids are introduced in proper proportions, a nice light biscuit is produced, which even the grumbler of the *Tribune*, or of the *Journal*, does not object to. If the potash is in excess, it gives a yellow appearance to the bread, and an alkaline taste, which must still be from the bi-carbonate of potash. Not so pleasant to take, yet not so poisonous as the heavy mass of dough taken into the stomach. It would rather prove a source of benefit, by preventing the acetic fermentation that such a soggy mass would produce in the stomach, with the rancid or scorched lard with which it is usually accompanied.

The acid of the milk is lactic, and acetic acid forms a harmless compound of lactate or acetate of potash, which is frequently administered in medicine, in doses of one to four drachms, with good results; or tartrate or some other harmless compound of potash.

I am not defending this daily medication with potash or any of its compounds, but only wish to get at the facts of the case, to show that no such wholesale poisoning exists, as has been represented. Two drachms of the salæratus, or carbonate of potash, is a large allowance for the use of a family of four or eight persons, and if this quantity was taken in its crude form daily, might be borne with impunity, without detriment to the stomach or liver, but in its milder combination, is much less harmless.

A relative of mine, a man of fair health for one of seventy years, has had a life-long weakness of the stomach, taking the form of cardialgia, of dyspepsia, or gastrodynia. In early life he found himself relieved by "weak lye;" that is, a solution produced by throwing a handful of hot ashes into a cup of water. Afterward by bicarbonate of soda; then that not being convenient, by a solution of the usual household bicarbonate of potash or salaeratus, or as the journalists misname it, pearlash, (which is never used.) It has of late years become a habit, which I have investigated with some interest, to observe the effect. His dose is at present as much as a drachm a day; sometimes in solution, oftentimes put into the mouth dry. It seems to promote his digestion, preventing the tendency to acetic fermentation of the stomach, or to relieve him of the over-acidity of the gastric juice. Sometimes it seems to have a diuretic effect; perhaps by first forming acetate of potash in the stomach. I have prevailed on him to use carminatives, or gentle stimulants, or small portions of rhubarb, after eating. These seem to answer for a little while; but then nothing will relieve him so gratefully as bicarbonate of soda, or potash, and from long use he prefers the latter. By long and gradual use the system seems to tolerate any poison, and it may in this instance be accounted for in the same way, but I could adduce several other instances where the article under consideration is used, and with apparent good effect, as above.

Yellowness, or sallow countenances, are not at present a general attribute of the west. Except in certain localities, and in the south, where it is a prevailing characteristic, they use neither potash or soda.

I have neither the time or authorities at hand to enter into the full discussion of this subject, but think that enough has been educed, to show that the alarming statement that finds currency in a respectable medical journal, that "bad bread," made bad by "pearlash, kills as many people as bad rum," "that it should be whipped out as a murderer," that yellow bread is reflected through the skin, causing a universal yellowness and dyspepsia, are very silly statements, having no foundation either in theory or practice, and are too glaring absurdities to be passed over unnoticed.

The cookery of the mass of the people should be reformed, and would be productive of a large increase of health, but such manifest erroneous and sweeping assertions are only productive of worse evils, and produce no reform.

I believe the article quoted is false and objectionable in every respect, having no better authority than the slipshod assertions of a writer of a sensation column for a daily paper, in no way bound to keep within gunshot of the truth, when writing on a popular subject.

Yours truly, P. J. F.

Clinton, Iowa, March, 1867.

Records of Disease by Diagrams.

Editors Medical and Surgical Reporter:

In a communication in your journal of May 4th, by Wm. H. Draper, M. D., of New York, I find the following remark:

"The day is coming when we shall have diagrams illustrating the history of the vital phenomena and signs, and their natural progress, so that we shall be the better prepared to appreciate the abnormal conditions and the means of controlling them."

Such diagrams have for many years been in constant use in many of the German hospitals. In 1862 I saw one in the General Hospital at Dresden, and observations were recorded every hour by one of the *internes*. Hourly records of the *pulse, respiration and temperature* were thus kept for the inspection of the visiting physician, who, on his visit in the morning, could, at a glance at the diagram, form a very accurate opinion of the condition of each patient during each of the preceding twenty-four hours. He could, without even seeing the patient, form a very accurate estimate as to the propriety of the treatment, and whether more or less stimulants or support was needed, or the contrary. Those diagrams consisted of perpendicular or horizontal lines, the former indicating the hours, and numbered at the top; the latter at the side, showing the *pulse, temperature, and respirations*. Such records can only be kept in hospitals and where there are sufficient assistants. I would be glad to see them introduced into all our hospitals.

C. A. Lee, M. D.

Peekskill, N. Y., May 26, 1867.

P. S. Might not such diagrams be made useful in our works on practical medicine, showing the relation of the pulse to temperature and respiration in all our acute diseases, especially fevers and the exanthematous affections, thus illustrating the history of diseases in a more graphic manner than can be done by simple verbal description?

News and Miscellany.

Infectious, Contagious and Pestilential Diseases.

Dr. E. B. Dalton, Sanitary Superintendent Metropolitan Sanitary District, has notified every physician in the Metropolitan Sanitary District to report to the Metropolitan Board of Health all cases under their care of such diseases as have been declared by said Board to be of an infectious, contagious or pestilential character, and that the following have been so declared, viz.: cholera, yellow fever, small-pox, ship or typhus, typhoid and scarlet fevers, and measles. It is not intended to make these reports public, or to annoy patients or their families with visits from Sanitary Inspectors, unless when the physician's report shall show necessity therefor. The object is to have a record in this office from which, at any time, physicians or others may derive information as to the prevalence of said diseases and the comparative salubrity in this particular of different sections of the city, and generally of the Metropolitan Sanitary District.

The Cholera Prize of Twenty Thousand Dollars.

One hundred and ten works were sent last year to the Imperial Academy of Sciences of France for competition. The report of this body is very interesting, and gives a good idea as to the manner in which the cholera has been studied. The full prize was not awarded, but various amounts have been granted to Messrs. Legros and Goujon for their experimental researches; to M. Thiersch for his experiments on 104 mice with choleraic dejection; to M. Baudrimont for his atmospheric researches bearing upon cholera; to M. Worms for his essay on preventive measures; and to Dr. Lindsay, of Edinburgh, for his experiments on the transmission of cholera by the clothes.

American Sanitary Commission.

A very interesting exhibition is that of the United States Sanitary Commission. In one of the numerous buildings in the grounds are collected specimens of various articles, large and small, employed by the Commission during the war. Among these is an accurate model, on a scale of one-fourth size, of a large hospital car, with three tiers of beds, hung on rubber rings. In general appearance, it does not differ much from an ordinary sleeping car, and it seems to attract a good deal of attention from visitors. There are also specimens of canned vegetables and meats, and other articles of diet, which did so much to mitigate the hardships of our soldiers during the war. Then there are examples of ambulances of different forms, surgical instruments, hospital furniture, camp chests and cooking apparatus, besides articles of clothing—the whole a very creditable exhibition of our ingenuity and skill in this direction. The French are also preparing a somewhat similar collection, but it is not yet near enough to completion to afford subject for remark.—*Scientific American.*

—— The Bombay Government has established an experimental cinchona garden at North Canava, and met with such success, that it is proposed to commence others in the same locality.

—— Change of Name. At a recent sitting of the Court of Quarter Sessions, in this city, Judge Allison granted an application to change the name of the Female Medical College to the "Women's Medical College."

—— Charcoal from the shell of the cocoanut is said to possess extraordinary power of absorbing gases. It is very dense and brittle, and its fracture presents a semi-metallic lustre.

—— The President has appointed Dr. D. D. Hitchcock Pension Agent for the Cherokee Nation at Fort Gibson. This is in every respect a most fitting appointment.

Synthesis of Organic Compounds.

M. Berthelot pursues the new and wonderful line of achievement opened in the chemical creation of the products of organic life, with unflagging zeal and steady progress. Having heretofore succeeded in forming acetylene by the direct union of carbon (4) and hydrogen (2), he has lately built upon this structure by the addition of oxygen (8) which makes the exact constitution of oxalic acid, and that substance is the actual result. Other carbides of hydrogen are oxidized with the same success, giving a variety of appropriate products. The coal tar products have been proved to consist of a small number of relatively simple bodies, and the great variety of these products to be due to the various combinations which these take on under the influence of heat. In this manner acetylene is artificially condensed into benzine, its equivalents of carbon and hydrogen respectfully, being exactly tripled. With an addition of hydrogen under the same influence, it forms ethylene: ethylene with benzine forms styrolene: and again, styrolene with more ethylene gives naphthaline. It is reasonable therefore to conclude that the distillation of coal produces these substances in the same way. M. Berthelot's latest success has been the synthesis of toluene, the base of the new and rich toluen red, which we noted not long since. The composition of this substance (carbon 14, hydrogen 8) indicates the addition of marsh gas (carbon 2, hydrogen 4) to benzine (carbon 12, hydrogen 6) with the elimination of two equivalents of hydrogen. Means adopted to realize this combination, resulted in the successful production of toluen from marsh gas and benzine.—*Scientific Amer.*

Remarkable Epidemic at Dublin.

Great interest amongst physicians and much public alarm has arisen in the Irish metropolis from the occurrence of several cases of a disease previously unknown there. The first case was on the 18th March, 1866, in the person of a most healthy student of medicine, and three others took place within the succeeding month, but during the present year over twenty cases have occurred in Dublin, and the neighbouring suburb, Kingstown. Sudden prostration, almost black purpuric discoloration of the skin, and death within a very few hours, have marked all the cases. The duration of the disease from seizure to death (for all the cases have been fatal) has varied from seven to ninety hours. In several instances, there has been coma for some hours before death; and in a few, tetanoid spasms and increased sensibility, which symtoms indicate that the malady may be closely related to cerebro-spinal meningitis, which was epidemic in Ireland in 1846, and in West Prussia in 1865. No rank of life has more than another attracted the disease, which numbers among its victims a young nobleman, two students of our profession, three soldiers, and some other persons living under the best hygienic circumstances. The fact that it preceded and immediately succeeded the outbreak of cholera in Dublin, Kingstown, and Tullamore, has suggested to some that it may be a form of that pestilence or due to the same cause, but there is no other evidence whatever of the relationship. From Dr. Mapother's reports, it would appear that the disease is not at all communicable, for no second case has accurrd on the site of the first.

Strange Abortive.

A *religieuse* of 23 years of age presented herself, says *Il Morgagne*, at the hospital of the Incurables at Naples for relief from acute pains of the breast, for which she could assign no cause. After the account of her sufferings, the physicians, suspecting something unusual, submitted her to examination, much against her will. In place of signs of disease, he found the ordinary signs of pregnancy. Foreign bodies, sharply pointed, were felt beneath the skin on pressure, which caused sharp pain. Their presence was denied strenuously by the patient until the point of a needle was made to project through the skin. She feigned astonishment at the singular fact, insinuating that it had found its way there accidentally during sleep; and it was only after thirty-two had been withdrawn that she acknowledged herself to be six months advanced in pregnancy, and that her confessor had advised this means of expiating her sins, and had himself introduced the needles.

The Social Evil.

The New York *Independent* speaks as follows on this subject:

"The hardest of all the problems to deal with in such a dismal case as Water street, is prostitution. Drunkenness is a virtue when compared with this vice. Whether or not prostitution shall submit to sanitary regulation by law, is not a new question. The clergy are generally on one side, the police on the other. We are not sure but the police are right. It is true that the mind staggers at the thought of framing such an iniquity into a law; but, on the contrary, the practical difference between having a law and having none, is simply the difference between prostitution restrained and prostitution unrestrained. The French plan of granting licenses certainly answers in Paris better than would the American plan of no medical surveillance. Whether the French plan would lessen the 'great social evil' in our American cities is a point not yet beyond dispute. But the question is not to be shirked, or silenced, or concealed; it is to be met."

Adulterated Tin Foil.

As tin foil is employed for so many purposes in connection with substances of personal and domestic consumption, reliable information respecting its nature and composition is of very general importance. Such information has lately been communicated to the *Pharmaceutical Journal* by Dr. J. H. Baldock. He found by chemical analysis, that common foil contained 86.93 per cent. of lead, embossed foil 76.57 per cent., tea foil 88.66 per cent., and that which was sold for the pure article 34.62 per cent. Tin foil is usually made by inclosing an ingot of lead between two ingots of tin, and rolling them out into foil, thus having the tin on the outside and the lead in the interior.—*Journal of Applied Chemistry.*

Modes of Administering Cod-Liver Oil.

In the *Am. Jour. of Pharmacy* for May, Dr. J. Adolphus states his experience in overcoming the aversion to cod-liver oil on the part of patients. This, he conceives, is attributable to one of three causes. Either it is prejudice, which must be combatted by persistence, cautious management, and small doses, even down to five drops, taken in lime water. Or it is a specific form of dyspepsia engendered in the submucous tissue of the stomach, to be met by the acetum opii, or acetate of morphia, or again, by uniting the oil with lime water just sufficient to form a soap and flavoring with oil of bitter almonds. Or lastly, there is an idiosyncrasy in the case, which will usually be overcome by adding to the oil its bulk of glycerine, and beginning with *very small doses*. When the oil disturbs the bowels, this may be relieved by the aromatic spirits of ammonia taken one hour after.

Medical aid to the French Poor.

The *Moniteur* publishes a report to the Emperor from the Minister of the Interior relative to medical assistance for the poor in the rural districts. The superior advantages possessed by the inhabitants of towns over those in the country in that respect has long been felt, and various methods tried to remedy the want. The one which has been found most beneficial is the following: The service of a certain number of communes, varying with the importance of the populations, is confined to a medical attendant named by the Prefect and paid by the Councils-General. Every year a list is made out by the local authorities of such poor inhabitants as, in case of necessity, are to be confided to his care for visits at their own homes. A complete establishment of baths, linen, bandages, and other surgical appliances, are provided, and in certain cases where the poverty of the district is unusually great the State adds a subvention. This system has been found to work so well that it has been already adopted by forty-eight departments, and is strongly recommended in the report for further extension.

—— The medical profession in Vienna is to be represented at the International Congress at Paris in August by Professors Oppolzer and Sigmund, Dr. Benedikt, Professor Duchek, and Dr. Wittelshöfer.

—— Women Doctors in Indiana. At a meeting of the Indiana Medical Association, in Indianapolis, which adjourned on the 22d ult., a resolution was offered to admit women practitioners, subject only to the same requirements of education and observance of ethics as are required of men. It was ordered to stand over for decision at the next annual meeting of the Association.

Navy News.

Assistant Surgeon David Mack, has been detached from the United States steamer Garonde, and placed on waiting orders.

Acting Assistant Surgeon O. A. Rives has been honorably discharged.

[Notices inserted in this column gratis, and are solicited from all parts of the country; obituary notices and resolutions of societies at ten cents a line, ten words to the line.]

MARRIED.

Bidlack—Runyan.—On the 10th of March, 1867, at the residence of the bride's parents, by Rev. D. Otis Kellogg, Jr., Dr. W. W. Bidlack and Miss Mary Anna, eldest daughter of Wm. Runyan, all of Philadelphia.

Black—Geiger.—At the residence of the bride's parents, May 22d, by Rev. D. Steck, F. M. Black, Esq., of Kansas City, Mo., and Miss Susie B., daughter of Dr. A. Geiger, of Dayton, Ohio.

Bostock—Boyd.—May 2d, by the Rev. David R. Love, near Lexington, Ill., Francis H. Bostock, M.D., of Chenoa, and Miss Laura A. Boyd.

Brower—Shearer.—May 15th, by the Rev. H. S. Rodenbough, Dr. D. R. Brower, of Richmond, Va., and Miss Lide, daughter of Col. A. W. Shearer, of Montgomery county, Pa.

Clayton—Stuckert.—May 23d, by Rev. D. Washburn, No. 815 South Third Street, Philadelphia, Dr. A. H. Clayton, of Richboro', and Miss Sallie E. Stuckert, only daughter of Wm. H. Stuckert, of Warrington, Bucks co., Pa.

Lyons—Whiteside.—May 8th, in Coleraine, Lancaster co., Pa., by the Rev. Calvin W. Stewart, William Lyons, M.D., of Philadelphia, and Miss Emma M. Whiteside, of Coleraine.

Rodgers—Baker.—On Tuesday, May 14th, at the residence of the bride's father, Canton, Bradford co., Pa., W. W. Rodgers, M. D., of Burlington, Pa., and Miss Augusta Baker, daughter of Dr. W. S. Baker.

Whitney—Shipman.—In Brooklyn, May 20 by the Rev. Henry Ward Beecher, Dr. Edward J. Whitney, and Miss Mary L. Shipman.

Wilson—Taylor.—April 16th, by Rev. Calvin W. Stewart, Dr. N. N. Wilson, of Little Britain, Lancaster co., Pa., and Mrs. Martha Taylor, of Philadelphia.

Witter—Wight.—In Sturbridge, Mass., May 8th, Dr. E. Witter, and Miss Ellen S., daughter of Capt. David Wight.

Wood—Munson.—May 12th, at the private mansion of Jacob Hoffner, Esq., Cincinnati, Ohio, by the Rev. Thos. Vickers, Dr. C. S. Wood, of New York city, and Miss Cynthia A. Munson, of Cincinnati.

DIED.

Carter.—At Hastings on Hudson, April 25, Sarah E., wife of Dr. George S. Carter, and only daughter of the late Moses Tucker, of New York City.

Southerland.—Recently, at Southerland's Springs, Texas, John H. Southerland, M.D., in the 74th year of his age.

METEOROLOGY.

May,	13,	14,	15,	16,	17,	18,	19.
Wind	S. E.	W.	S. W.	W.	W.	N. W.	W,
Weather	Cl'dy. Sh'r. thu'r.	Cl'dy.	Clear.	Clear.	Clear. Sh'r. t. & l.	Clear.	Clear.
Depth Rain.	1 in.				3-10		
Thermometer.							
Minimum	48°	55°	45°	43°	49°	49°	52°
At 8, A. M.	62	68	58	55	56	54	58
At 12, M.	64	70	63	62	60	58	64
At 3, P. M.	65	68	65	64	62	60	66
Mean	59.75	67.75	57.75	56.	56.75	55.25	60.
Barometer.							
At 12, M.	30.2	29.6	29.7	29.9	30.	30.1	30.2

Germantown, Pa. B. J. Leedom.

MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.

The Eighteenth Annual Session will be held at the city of Pittsburgh, on Wednesday, June 12th, 1667, at 4, P. M.

Secretaries of County Societies are requested to forward lists of delegates, and their roll of officers and members immediately to

WM. B. ATKINSON,
Permanent Secretary,
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GALANGA,	gr. 24

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Daily Clinical Instruction in
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TO PHYSICIANS.—At the request of several members of the profession, DR. HORATIO R. STORER, will deliver a private course of twelve lectures upon the TREATMENT OF THE SURGICAL DISEASES OF WOMEN, during the first fortnight of June, at his rooms in Boston. Gentlemen attending the course, will be required to show their diplomas. Fee $50. Hotel Pelham, Boston, March 29th, 1867. 528—t.f.

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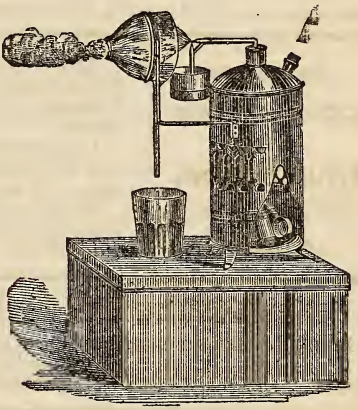

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Each dragee, or each teaspoonful of syrup contains 2 grains citro-ammoniacal pyrophosphate of Iron.

DOSE.—4 to 8 grains, 3 times a day, before meals.

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It suffices to *inhale* the smoke of these cigarettes to experience immediate relief.

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Another improvement is the powerful general stimulant property of the Phosphorus, in the pyrophosphate of Iron, which is also added to the action of the substances above named.

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More Economical, Agreeable, and Efficient than COD-LIVER OIL.

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The substance of which these Dragées consist is a product of natural formation, obtained direct from Cod-livers by concentrating their watery constituents, which have been discovered to hold in solution large quantities of those active medicinal principles to which many of the most eminent authorities have attributed the remedial effects of Cod liver Oil.

It has been found by analysis that the oil contains but a small part of the medicinal elements existing in Cod-liver, and that the greater portion is held in solution in the waters which have been hitherto thrown away This solution has been reduced to an extract, which extract has been made into pills, which, by being *sugar coated*, have been converted into what the French call dragées.

Professor Garreau's Analysis of Cod-liver Extract, compared with Analysis of Cod-liver Oil, by De Jongh.

	Cod liver Extract.		*Cod-liver Oil.*	
Oily Acids and Glycerine		none		95.967
Ichthyoglycein	50.000		none	
Propylamine	2.545		none	
Acetic, Lactic, and Butyric Acids	6.000		.120	
Extractive (undetermined) Gaduin etc	10.620		.318	
Non-oleaginous Organic Constituents		69.165		.438
Phosphorus and Phos. Acid	2.090		.113	
Sulphur and Sulphuric Acid	.200		.71	
Iodine	.154		.37	
Chlorine with trace Bromine	1.525		.149	
Soda	1.170		.55	
Magnesia	.366		.9	
Lime	.510		.152	
Potash	.211		none	
Ammonia	2.862		none	
Inorganic Constituents		8.988		.586
Water and Loss		21,747		3.009
		100 000		100.000

The extract is thus shown to contain 135 times as much of non oleaginous organic substances as the oil, and 15 times as much of inorganic elements. Those two classes of bodies together form 78.153 per cent. of the extract, but only 1.024 of the oil. In a tablespoonful of the oil, which comprises 240 grains, there are therefore present hardly 2½ grains of the above matter, while the extract is almost wholly composed of them.

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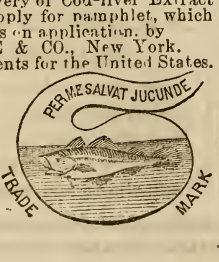

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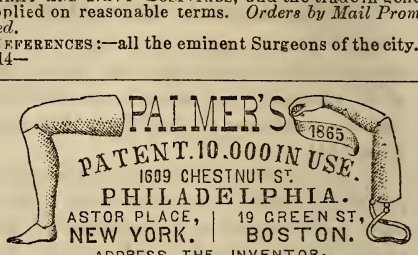

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MEDICAL AND SURGICAL REPORTER.

No. 536.] PHILADELPHIA, JUNE 8, 1867. [Vol. XVI.—No. 23.

Original Department.

Communications.

HEPATIC DISEASES IN TROPICAL CLIMATES.

By James B. Burnet, M. D.,

House-Physician, Bellevue Hospital, N. Y.

In tropical climates the liver is peculiarly liable to disease. Disorders of this immense gland take place under the far southern skies, that rarely, if ever, occur in more temperate countries; but still we occasionally meet with them in our northern climates in a modified degree, and very frequently are called to treat those who in the tropics have contracted such diseases, and which are greatly aggravated by a sudden arrival amidst unaccustomed wet and cold. We propose, then, to treat briefly of the principal hepatic diseases in tropical climates, and of their treatment as there conducted, from which treatment we may be able to derive some useful hints, especially in those chronic hepatic disorders with which we not unfrequently meet. But before taking up this subject, let us first remark that the first effect of a tropical heat upon the liver is an *increased* secretion of bile. Between the biliary secretion and perspiration, which are both regularly increased by atmospherical heat, there exists a strong sympathy, called by Dr. James Johnson the "cutaneo-hepatic sympathy." Whatever, then, checks the latter, will have the same effect upon the former. After the first inordinate action of the liver, due to the excessive and unaccustomed heat, however, periods of torpor will follow, which periods will gradually lengthen, and thus an irregular secretion will become established. The bile in both instances is deteriorated in quality, both when superabundant and deficient in quantity. This slightly disordered state, the primary effect of climate, has the following symptoms: irregular bowels, slight jaundice, a languor of both mind and body, coated tongue, bad taste in the mouth, poor appetite, and disturbed slumbers. These premonitory symptoms should never be neglected, as they may be the forerunners of serious organic difficulty, if the greatest care be not exercised. And now for the actual diseases themselves; and

1st. Hepatic Congestion.

This is of quite frequent occurrence, and often accompanies the dysenteries and the fevers of tropical climes. The right lobe is much increased in size, in a direction upward. The color of the organ is of a darker brown than natural, sometimes almost black, particularly observable on the convex surface. The liver is greatly increased in weight. When its substance is cut into, there pours out a large quantity of dark fluid blood. The color of the bile varies from a straw color to a dark bottle-green.

Symptoms. The countenance is anxious and of a sallow hue. The skin is clammy. Irregular rigors may make their appearance. The tongue is heavily coated. The bowels are costive, or the stools may be watery, with griping and tenesmus. Nausea and flatulence exist. It is with difficulty that a full inspiration can be effected. A sense of pain and oppression in the region of the liver and under the scapulæ has suddenly appeared. Pressure over the liver gives pain, as also does a full inspiration. A dull headache is present. The urine is turbid. The pulse is very variable, sometimes being slow and irregular, and then quick, and is not at all to be depended upon. Such are the symptoms of hepatic congestion, but it must not be expected that all, or even a majority, will be found in every case of the disease. It often happens that very few of them are present.

By proper treatment, this congestion may be arrested in its incipiency, without passing on to acute inflammation. The *treatment* is merely a modification of the treatment of the acute form, of which we are about to spsak.

2d. Acute Hepatitis.

This is a disease which with us is of the very rarest occurrence, but in intertropical climates it is of great frequency. Why it is so, has long been a discussed point. Some attribute it to the atmospheric heat; others, to a specific miasm;

and still others, to the luxurious manner of living. Dr. Johnson imagines that the same miasm that gives rise to the fearful tropical fevers will at times produce dysentery, cholera, and hepatitis. The right lobe is most frequently affected, and the parenchyma much more commonly than the coverings.

Symptoms. Acute hepatitis is not, as a general rule, ushered in by a chill. The patient complains of uneasiness in the right hypochondrium, extending under the ensiform cartilage, and to the back, and under the scapulæ. Pressure and a full inspiration increase this oppression. The pulse, perhaps unaffected at first, as soon as night draws on, becomes quickened. The skin is sallow, the spirits depressed, the tongue foul, the bowels irregular, and the urine high-colored and scanty. Slight dyspnœa may be present. As the disease advances, the pulse becomes fuller and more irritable. Whenever the patient turns in bed, a dragging painful sensation is experienced in the right side. A suppressed cough, with a catch in the respiration, comes on. The liver may now be found to be enlarged. The patient finds the greatest ease in lying upon his back. Pain is occasionally present at the top of the right shoulder. When there is great tumidity of the organ, there is considerable dyspnœa, with a flushed countenance, due to the interrupted circulation through the lungs. In this condition, the careless observer might mistake the disease for pneumonia. In cases of this description, occasionally a sense of numbness is complained of in the right arm, and, very rarely, also down the right hip. Nausea and vomiting, when present, generally indicate that the inflammation is situated near, or is extending to the stomach, or in the direction of the ducts. The patient then has watery and scanty stools, with tenesmus and other symptoms of dysentery. Healthy bile is rarely found in the stools. The fever increases, the tongue is dry, and thirst intense. The perspiration is frequently very offensive. Jaundice is not commonly found, unless the ducts or gall-bladder are involved. When the coverings of the liver are involved, the symptoms are more acute. Chills are present; the pulse is quickened; the pain is sharper. There is cough, hard and frequent, and difficulty of breathing. The dryness of the skin is greater. The diaphragm and the lungs are sometimes involved in the inflammation. When the concave surface of the organ is inflamed, the stomach is much disturbed in its functions. Nausea and vomiting are present. The pulse is irritable, small, and hard. The patient lies on the left side. Sleep cannot be obtained. The tongue is foul, with large brown papillæ.

Pathology. Unless the patient dies of some other disease, it is not often that an opportunity is obtained for witnessing the pathological appearances of the early stages of hepatitis. "In some instances, the surface of the inflamed organ is variously shaded. Sometimes it is marked red, brown, brick-colored, greenish-brown, and even with almost black spots and streaks, while the internal structure is inflamed, congested with blood, much tumefied and softer than natural. Upon making a section of the viscus with a very sharp scalpel, and after wiping with a sponge the cut surfaces, they present a lighter-coloured reticulum or mesh, studded with red or brick-red granulæ, and the divided ends of blood-vessels and biliary ducts. Upon being torn asunder, which is generally done with more facility in the acutely inflamed state, although sometimes with more difficulty in the chronic conditions of disease, the torn surfaces exude a greater quantity of fluid blood, but still retain their minutely granulated structure, and present both a brighter and a deeper color than in their healthy state. When abscess forms in the substance of the organ, then the appearances become very materially and very variously altered." Some authors speak of having met with cases of gangrene of this organ. In the inflammation, the stomach, duodenum, colon, lungs, and kidneys may be involved.

Etiology. Mr. Annesley describes as the causes of hepatitis—"full living, especially on animal food, high-seasoned dishes, high temperature, moisture, malaria, neglect of the bowels, indolence, puberty, wine, insolation, depressing passions, and all the various causes of dyspepsia." The disease is rarely met with before puberty.

Treatment. Of all remediable agents, general and local, blood-letting stands first. Local blood-letting has the preference in the great majority of cases. In full-blooded, robust Europeans, Mr. Annesley generally took one or two full bleedings from the arm, and afterwards applied from 16 to 30 leeches over the liver. If this treatment did not soon relieve, the leeches were reapplied, and a large hot poultice laid over the bites. Then a full dose of calomel is given, at bedtime if possible, followed in the morning by a brisk cathartic, as the compound powder of jalap. Some speedily produce ptyalism, arguing that "when ptyalism becomes abundant, a derivation from the seat of disease is occasioned to the mouth and salivary apparatus, the disease in the liver speedily subsides, and the functions of the organ

are restored to their healthy state." When this is once accomplished, all mercurials are to be stopped, and gentle tonics, with alkaline carbonates, are to be given with saline aperients. In the milder forms of the disease, moderate depletion with saline cathartics will generally be all-sufficient. After the depletion and mercurial course, much reliance is placed upon the nitro-muriatic acid bath, and the internal use of nitric acid. The diet should be light and cooling. Let me put in right here the following short case reported by Mr. Annesley:

Case. Richard Kelly (had been several years in India) was admitted the 15th March, 1817, with the symptoms of congestion of the liver and accumulation of bile. These were removed by an emetic and purges. Five days after his discharge he returned, and, on the evening of the 22d, the following report of him was given in the hospital journals: Attacked with severe aching pains in the loins, shoulder-blades, and right side; anxiety; cold partial sweats; foul and excited tongue, and quick pulse. Apply twenty leeches to his side. Calomel, gr. xx., h. s. s.

23d. The pain in his back and side is relieved, but he has still occasional pains under his ribs; he has also some pain in his right shoulder. Tongue white and excited; pulse 80, small, irregular, and irritable. The pain is increased on a full inspiration. Was purged in the night. Twenty-four leeches to the side, and the mist. purgans, with half an ounce of sulphate of magnesia.

Evening. Pain of the side nearly gone, but he complains of soreness over his whole body; pulse 96; tongue dry, furred, and excited; great thirst: stools crude and copious. Calomel, gr. xx., h. s. Mist. salina febr. A blister to his side.

24th. Stools crude and full of viscid mucus: pain in his side and shoulder gone; tongue white and furred; pulse 78. Pulv. purgan., ʒiss., stat. Rub in ʒj. unguent. mercur., thrice daily. Pilul. hydr. cum calom. No. 1 ter die. Haustus amar. cum senna ʒij., primo mane. This treatment was continued during the 25th and 26th. The pulse became less frequent, his tongue clearer, and his motions more natural. On the 27th, he had a slight return of pain in the night, beneath the fifth rib of the right side; but his tongue and stools were natural at the morning visit, his pulse 66, and his skin cool. Twelve leeches were applied, and the pilul. hydr. cum calom.; the mercurial friction and haust. amar. cum senna were continued.

Evening. Can breathe with perfect ease; no complaint.

On the 31st the mercurial friction was diminished; the pilul. hydr. cum cal. was omitted; and five grains of blue pill given every night; the saline mixture through the day, and a dose of the purging mixture early in the morning.

On the 2d April he was perfectly well, his bowels, tongue, skin, and pulse being perfectly natural. The blue pill and mercurial friction were left off, and a dose of the purging mixture given occasionally. He was discharged on the 4th.

Remarks. This case illustrates chiefly the connection often existing between functional disorder and inflammation of the organ. The symptoms were clearly referable, in this case, to the liver, and indicated disease affecting principally its internal structure. In this case there was no rigor at its commencement, and the pain of the shoulder was not at first present. General soreness, after the pain had been removed by depletions, was here complained of, and is a frequent symptom of inflammation of the internal structure of this important organ.

3d. Deep-seated or Suppurative Inflammation of the Liver.

This is a most insidious disease. Its symptoms are often so slight as not even to attract the attention of the sufferer. Women seldom suffer with it, and indeed are far less liable to be attacked by hepatic disease than men. It appears generally to be caused by some sudden check to the perspiration.

Symptoms. At first there is a feeling of abdominal uneasiness, perhaps preceded by a slight rigor. Diarrhœa may be present. There is great depression of spirits. The skin is dry. The tongue is rough and furred. There is a hacking cough. The urine is scanty, and of a deep saffron color. There is seldom pain in the shoulder. The true nature of the affection may not be recognized until finally a tumor of the liver, or a succession of rigors with clammy sweats, give notice that an abscess has formed. If the disease is seated deeply in the substance of the organ, the symptoms are very obscure; if in its upper convex surface, they are much more acute.

Treatment. In this affection, a most prompt and energetic treatment is absolutely necessary. A few hours may decide the formation or non-formation of an abscess. If there are no symptoms of suppuration, copious blood-letting should be employed. The measure of depletion should be the sense of relief and softening of the skin. Calomel and antimony in large doses are given, with smart purgatives occasionally, until the mercury begins to affect the system. Leeches may be used, and blisters after a powerful im-

pression has been made by the former remedy. The diet should be of the sparest description, such as arrow-root or thin sago. After an attack of this description, it often is highly beneficial to use the nitro-muriatic acid bath for some five or six weeks.

4th. Torpor of the Liver.

This state of the liver may arise simply from a diminished or exhausted energy of the secreting functions, and is generally complicated with dyspepsia.

Symptoms. If we find the patient to complain of want of appetite, drowsiness, with pain over the eyebrows, lowness of spirits, and hypochondriacal feelings, dark and high-colored urine, a costive state of the bowels, and pale or clayey motions, a dark or sallow countenance, wasting of the flesh, slow and painful digestion, with the symptoms noticed in a previous section, as constituting diminished function of the stomach, flatulency, particularly of the bowels, without any evident fulness or enlargement in the region of the liver, but with a bitter or disagreeable taste of the mouth and a loaded state of the tongue, particularly in the morning—we may reasonably infer that the functions of the liver are inadequately performed. But it is by no means so easily to be determined whether or no such torpor is the result merely of diminished function, or of change of the structure of the organ, unless we are acquainted with the patient's habits and the nature of his former ailments. When the foregoing symptoms occur in one addicted to the use of spirituous liquors, or in one who has resided long in a warm climate and suffered former attacks of hepatic disease, then the latter alternative may be more reasonably inferred.

Treatment. If the patient is plethoric, bloodletting and brisk purgatives are employed. If there are bilious vomitings, warm water is given, and afterwards calomel in full doses. For simple torpor a full dose of calomel is given at bedtime, followed in the morning by some bitter aperient medicine. Blisters are sometimes employed over the epigastrium or right hypochondrium. Afterwards, the pilula hydrargyri, with the pil. aloes cum myrrhâ, is given at night, with the bitter aperient in the morning. Tonics and stimulants for the apparent debility in these cases, are strongly condemned.

5th. Chronic Liver Enlargement.

Chronic enlargement of the liver, in the tropics, is due either to previous congestions and inflammations, or is the result of severe fevers. The organ is generally perceptibly enlarged; the bile is scanty; there is often a dry hacking cough, emaciation, sallow complexion, despondency of mind, and general ill health. The skin is morbidly dry. In the worse cases there is occasionally general anasarca. Obstinate constipation is also present.

Treatment. In the treatment of this chronic enlargement, mercury is injurious. In indolent enlargement with torpid action, Dr. J. R. Martin, late Surgeon to the Native Hospital at Calcutta, besides a spare diet, and the application of the *acetum cantharidis* to the hepatic region, recommends the following formula:

R.	Extract. taraxaci,	gr. xxxvj.
	Aloes pur.,	gr. xij.
	Colchici acet.,	
	Pulv. ipecac.,	āā gr. vj. M.

Ft. pil. xij. quarum capiat duas omni nocte.

But the great treatment is the nitro-muriatic acid bath. This appears to act powerfully on both the excretory and absorbent systems. On this Dr. Martin places his chief reliance. When the skin will not absorb the acid from morbid dryness, the vapor or warm water bath with powerful friction of the whole surface may be employed to stimulate the skin. This treatment has acted beautifully in many cases, where all other plans of treatment had failed. As to the method of using the bath, which will have to be steadily persisted in for a month or six weeks at a time, Dr. Martin says: "The proportions of acid I use are as follows, viz.:

Muriatic acid,	3 oz.
Nitric acid,	2 oz.
Water,	5 oz.

Directions for Preparing and Using the Nitro-Muriatic Acid Bath.

1st. Two gallons of water (about ten bottles) may suffice for a bath.

2d. To each gallon of water add three ounces of the dilute nitro-muriatic acid by measure.

3d. The bath thus prepared, will keep in use for three days, by adding half an ounce of dilute acid and a pint of water morning and evening, in order to make up for the waste by evaporation.

4th. A portion only of the bath to be heated for use, after which it is to be added to the remainder, so as to make the whole of a comfortable warmth.

5th. Let both feet be placed in the bath, while the inside of the legs and thighs, the right side (over the liver), and the inside of both arms are sponged alternately; this should be continued for ten or fifteen minutes, morning and evening.

6th. While using the bath, a gentle aperient, such as Cheltenham salts, or Epsom salts, in some bitter infusion, should be taken every other morning.

7th. Earthen or wooden vessels should be preferred as foot-baths, and all the sponges and towels to be kept in cold water, as the acid corrodes them.

Curacoa, West Indies, April, 1867.

METASTATIC DIVERSION OF LABOR.

By C. H. Spilman, M. D.,

Of Harrodsburg, Ky.

The great central idea in human physiology, is the consentaneous action of the vital functions. Pathology regards these functions in their altered aspect.

Owing to complexity of structure—the manifold and often inscrutable causes of disturbance—and the intimate sympathy subsisting throughout all its parts, the phenomena these modifications present are infinitely diversified.

The existence of a vital union between the different parts of the organism, so as to constitute one connected whole, is a proposition we believe undisputed. But the precise nature of the medium through which this reciprocity of functions is maintained, and the principle on which the different parts act and react upon each other both in health and disease, may still be regarded as a problem.

The subject is profoundly recondite. The best energies of the most gifted have been employed for its elucidation. Much useless speculation has been indulged. Conflicting theories have distinguished the annals of medicine. Nor is it surprising that so much thought should have been bestowed on the subject when it is considered that a clear apprehension and practical solution of this problem lies at the foundation of medical philosophy.

The experience of every revolving year strengthens the conviction of the honest inquirer after medical truth, that his most instructive text-book is the book of nature;—to study her laws, observe her phenomena, and follow her teachings, the surest safeguard against error.

The department about which the physician is especially concerned, is the philosophy of life in its relations to vital stimuli, whether natural, morbific, or remedial.

Assuming the co-existence of a vital principle with organic structure, of which the organic properties are the elements;—assuming the superaddition of a nervous power residing in the cerebro-spinal and ganglionic systems of nerves, intended, as a common bond of union, for the transmission of sensory and motor influences;—assuming a sympathetic connection through this medium, between all parts of the body, by which a perpetual interchange of functions is maintained; still, in their endless variety, there are many phenomena which this law displays, the *rationale* of which is intricate and perplexing.

This line of thought has been suggested by a little of the writer's experience and observation in the lying-in chamber.

Out of a number of cases that might be furnished, illustrative of this wonderful law of animal and organic life, two only have been selected, as representative cases, of which a brief synopsis will be given.

Mrs. H. H—— became parturient at about the hour of 8 o'clock, A. M. Being the wife of a physician, who was himself in attendance, we did not see her until 2 o'clock, P. M. Upon our arrival we were informed that labor had progressed with uniform regularity and promise until about one hour previously, when she was suddenly seized with severe pain in the chest, attended by a paroxysm of coughing and distinct asthmatic respiration, which passed off very soon, of the duration of an ordinary labor pain, and observing about the same interval.

Upon a digital examination we found that labor had advanced until the head of the child pressed with considerable force against the perineum; but the uterus remained quiescent, and no expulsive effort could be detected; still a furious storm was raging at short intervals through the pulmonary hemisphere. We abstracted about 24 ounces of blood from the arm with but slight abatement of the suffering. We administered 20 grains of ergot, and repeated it in 20 minutes. Very soon after the administration of the second dose, vigorous uterine contractions came on, and all ended well for mother and babe. Simultaneously with the recurrence of regular uterine action, the lungs became calm, and no serious consequences have followed.

Mrs. M. S—— had been in labor 24 hours under the care of a midwife, when we were called to see her, suffering from a severe attack of puerperal convulsions. The paroxysms were exceedingly frequent, observing an interval of about three minutes, and shockingly violent. The lancet was immediately had recourse to, for which the full laboring pulse was deemed a sufficient warrant. An examination developed an advanced stage of labor, the head of the child having engaged the inferior strait; but the uterine functions, as in the former case, were entirely passive.

The sensorium, and indeed the entire nervous system, was momently in jeopardy from the vio-

lence of the convulsions, all consciousness having vanished. Instrumental delivery seemed the only alternative. The forceps were used, and instantly the convulsions ceased. The mother gradually returned to consciousness, to embrace a living daughter, with the critical circumstances of whose birth she was then for the first time made acquainted.

The phenomena attending the above and kindred cases, have furnished matter for much reflection, and we have had some difficulty in attempting to interpret them by any known laws either of healthy or diseased life. It is true, pathology furnishes multiplied instances of the accession of disease in a part, and sometimes remote part, as a sympathetic result of disease in another, and a rapid subsidence of the primary affection as an ordinary sequence. It cannot be said,however, that the economy of parturition is morbid *per se;* whilst in both the above cases the reflected disturbance was so violent as to place life in imminent peril. The analogy therefore fails in this particular. Healthy action becomes diseased by change of place; illustrating the organic law that vital stimuli, innocuous when applied to one tissue, are poisonous to another. This is also true of the same tissue in different parts of the organism.

That the incidental affection in both the above citations, was an erratic display of the parturient phenomena, the coincident subsidence of the one and accession of the other, and its regular paroxysmal character, left but little room to doubt. This conviction is further strengthened by reference to established principles in physiology.

Impressions made upon the organic properties of a part by vital stimuli, whether natural, morbific, or remedial, are modified according to the virtues of the agent. These influences exerted upon the irritability of organic properties, are conveyed, through sensitive nerves, to the cerebro-spinal axis, and there develope and modify the nervous power in a manner corresponding to the changes at the point of departure. From the nervous centres this power thus modified is determined, through the motor fibres upon mobility through irritability of organic properties; electing, however, those parts most highly susceptible by their greater endowment with irritability from the accidents of disease. Impressions made upon one organ and transmitted to another through reflex nervous action, do not lose their identity by the transfer, except such modifications in the phenomena, as necessarily result from differences in anatomical structure, and physiological endowments. The reflected action in the two cases cited; one upon the organic properties of the nervous centres; the other upon those of the respiratory apparatus, falling respectively upon parts highly susceptible from exalted irritability, would threfore, by this universal law, correspond, in kind, with the primary impression. Hence the representative character of the incidental malady.

A satisfactory interpretation of the causes which gave rise to this abnormal condition of the uterine functions, and their consecutive erratic phenomena, have perplexed us not a little.

From their history not one ray of light was reflected upon the remote cause. We think, however, their phenomena furnished a key to the nature of the proximate cause, which reduced it to a high degree of probability. A strong development of the nervous power in the nervous centres, and its forcible impetus through an unwonted channel, furnished satisfactory proof that sympathetic sensibility in the sensitive nerves from their origin to their termination was intact. The vital lesion therefore was beyond these centres; either at some point along the course of the motor nerves, or at their termination in the parietes of the uterus, in consequence of which the mobility of that viscus was temporarily suspended.

In brief, we think that in each of the above cases, of which we have given this imperfect analysis, we are presented with an unequivocal example of a sudden stroke of uterine paralysis, from reflex nervous action, of which instances are not unfrequent in other parts of the body, particularly the extremities, where mobility seems to be the only function that is seriously disturbed.

Milk Sickness.

The *Scientific American* having copied the article of Dr. Amos Sawyer, of Hillsboro', Ill., on milk sickness, published in the Reporter of March 30th, Dr. H. M. Keyser, of Momence, Ill., sends that paper a communication on the subject, claiming that there are several plants which cause milk sickness.

He says, further: "To say that the *Eupatorium ageratoidis* is the only vegetable that causes milk sickness, would undoubtedly be an expression without practical observation for its basis. The different varieties of the *Eupatorium*, and especially the *E. ageratoidis*, grow in abundance in Pennsylvania, Iowa, Kansas, Nebraska, etc. Now if the disease depends upon the presence of this vegetable, why is it that milk sickness was never known in these States where the *E. ageratoidis* grows in abundance? If the *E. ageratoidis* was confined wholly to the affected districts, the evidence would be conclusive; but we find this not to be the case; it grows in abundance all over the western States, and cattle graze with impu-

nity amidst it. The milk sickness could not be owing to the *E. ageratoidis*, inasmuch as this plant grows throughout the West, while the disease is perseveringly limited to certain localities. Why is this?"

Hospital Reports.

PENNLYLVANIA HOSPITAL,
March 2d, 1867.

SURGICAL CLINIC OF DR. AGNEW.

Reported by Dr. Napheys.

Rupia in Secondary Syphilis.

This man, about nine months ago, had a chancre, four weeks after which, he states that this eruption came out on his skin, first making its appearance on the limbs, then on the body, and finally on the face. The affection is therefore a secondary one, his system was poisoned by the chancrous matter, which then manifested itself upon the skin in the form of this eruption, which is rupia. The case is interesting from the fact that rupia does not commonly form the earliest evidence of secondary syphilis. The secondary eruption which usually appears is erythematous in character, commencing in the throat, and then manifesting itself upon the surface of the body, or upon the skin first, and afterward attacking the throat, finally involving the whole surface of the body. Rupia generally occurs as a later symptom, sometimes after the expiration of months, and consecutive to some other eruption. In this case, it seems to have been the first manifestation of the secondary condition of his system.

Rupia commences as suppurating bullæ with inflamed bases; and the drying up of the purulent matter forms scales or crusts, often of a conical shape, constituting the variety called prominens. This man presents a very characteristic example of such. The surfaces, which are now merely red, being at one time entirely encrusted with hardened matter. The redness yet observable will gradually fade away, the fading commencing at the circumference, and approaching the centres, where the last portion of the redness will linger at the seat of the original pustule. The scars left can never be erased. Some months hence, the skin will assume a foliated appearance, and at the expiration of six months it will become of a copper cast, which will disappear in a year and a half or two years, the scar assuming again its pallid appearance.

This patient has been a good deal out of health. He has therefore been taking mild alteratives to correct his secretions, and tonics to improve his general condition. He has been on the use of a mixture of gentian and citrate of iron and quinine, in addition to iodide of potassium, 5 grains, and the bichloride of mercury, 1-32 grain; three times a day. Under this treatment he has been improving.

Sometimes extensive ulcerations take place in connection with rupia. In this patient, on the outer side of the right ankle there is an irregular ulcer, with granulations looking tolerably healthy, with very little purulent matter, as is usually the case in the ulcerations of rupia. As an external application to such ulcers, there is nothing better than cod-liver oil or dilute citrine ointment. These are also a valuable application to the rupial scales, producing an alterative effect upon the diseased surface, keeping the skin soft and pliable, and preventing the scales from accumulating to any considerable extent. When the ulcers are a little indolent, they can be stimulated with lime-water, or the compound resin ointment.

On making inquiry into the history of this man's case, it has been found that he has had no constitutional fever. Generally, when secondary symptoms set in, there is a certain train of premonitory phenomena developing themselves, attended with constitutional fever, such as headache, soreness, tenacious secretion about the throat, loosening of the hair, insomnia, and impairment of the digestive organs. In this case, the disease seems to have exploded suddenly, without having been ushered in by such preliminary symptoms.

Wound of Head of Tibia.

This young man was shot accidentally in the right leg on the last day of December. The wadding from the gun passed into the head of the tibia, from which it was extracted. The wound was followed by profuse hæmorrhage. It is a little over two months since that accident happened, and in the meantime he has had two attacks of erysipelas, from which he has recovered. It is now possible to see into the very centre of the upper extremity of the tibia, and to carry the finger around the cavity, and find it is for the most part covered up by granulations, and that all the dead bone and debris have come away.

The points of greatest interest connected with this case are these. First, that this man should have escaped as well as he has from an accident of this nature. Had the ball passed through the head of the tibia, he would unquestionably have lost his limb, but the wadding was a less formidable implement than either the round or conical ball, and while it produced great destruction of tissue in its track, the impulse was not communicated to any great distance around. Therefore it is to be hoped that the limb will be saved without any involvement of the joint. Secondly, it is very difficult to understand how he has such perfect freedom of the joint, the wound being so near to the articulation. The cartilaginous ends of the bones are not involved, nor is the synovial membrane. He had an abscess coming on a few days after the accident, in the cellular tissue above the knee, which was freely opened, in order to give exit to the accumulations of pus and a large amount of air, probably the result of the decomposition of the cellular tissue. There has been no burrowing of the muscles of the thigh, and the abscess has healed up kindly.

The treatment here consisted simply in placing the limb in a fracture-box, and covering it with water-dressing. To control the hæmorrhage, which occurred with great freedom from the can-

cellated tissue, lint saturated with Monsell's solution was introduced into the bone. In this way, two accessions of hæmorrhage were readily arrested. No other treatment has been adopted, except washing out the part thoroughly, and keeping lint, saturated with lime-water, introduced into the opening. It takes a long time for a chasm in a bone to fill up, especially where there has been so large a destruction of tissue.

He is now walking about, using a crutch, sleeps well, has good appetite, and suffers no pain.

Such a wound as this presents the most favorable conditions for pyemia, if that disease be produced by the introduction of purulent elements into the blood.

It is by no means certain, when this wound closes up, that it will be the end of the trouble. Where there has been so considerable a disturbance of the endosteum of the bone, osteo myelitis may ensue. Concussion from a ball would be almost unavoidably followed by such a consequence.

Caries of Spine from a Fall.

This man, a sailor, fell, fourteen weeks ago, from the top of a mast, and fractured his right thigh on the deck. He was put into the ordinary dressing used in this hospital for such fractures, namely, extension by means of adhesive strips and weights, with sand bags along the sides of the limb. During the entire treatment there was nothing discovered to be the matter with the back; but since he has sufficiently recovered to get upon his feet, a prominence of the back has been observed, extending from the second lumbar vertebra to the top of the sacrum. His movements are very much crippled. He has a disposition to lean forward, to rest himself by taking hold of the sides of the pelvis. On examination it is found that the convexity is in a line with the spine; in other words, that there is no lateral curvature. A lateral curvature could be readily accounted for by the supposition that the muscles on the one side being seriously bruised, those on the other had gained the ascendancy and altered the line of the spine. But the posterior curvature here present could only be produced by caries of the vertebræ. The forcible driving together of the bodies of the vertebræ has set up slow inflammation resulting in disintegration.

The man insists upon the fact that he was perfectly well up to the time of the accident, that he was strong and able-bodied in every particular, and with no hereditary tendency. The curvature has been increasing rapidly if it commenced coincidently with the injury to the thigh, he having been in the house fourteen weeks.

The great thing to be done in the way of treatment is to take the weight off the spine, to put it into a splint, and place it in such a condition as to favor anchylosis of the bodies of the vertebræ. For this purpose he should have supports placed on either side resting on the crests of the ilia, and placed under the shoulders so as to elevate them. A true spinal support ought to be adapted to every inequality of the surface of the trunk. It should be constructed after a cast of the body. This will enable him to walk about and get the advantages of exercise in the open air. The disease will go on with fearful rapidity if he is confined in the hospital.

If the man's appetite is perfectly good and he is out in the open air, he wants no tonics nor alteratives—he wants plenty of good nourishing food and warm clothing.

Medical Societies.

NEW YORK MEDICAL JOURNAL ASSOCIATION. *May 10th*, 1867.

CEPHALOTRIPSY.

Abstract of a paper by Dr. Wm. T. Lusk, *followed by remarks from* Dr. G. T. Elliot, Jr.

Reported by E. S. Belden, M. D.,

On the 6th of June, 1829, Baudelocque, *le neveu*, read a memoir before the *Institut Royal de France*, picturing the dangers of operations performed with pointed and cutting instruments within the uterus, showing from the statistics of the previous sixteen and a half years at the Maternité, that half the mothers thus operated upon had died, and that the shortest of these operations lasted at least three-fourths of an hour. He then proposed as a substitute for embryotomy, an instrument invented by him, and termed the cephalotribe, whereby the bones of the base and walls of the skull could be instantly crushed, the brain forced from the orbits, nostrils and mouth, while the integuments, sustaining no injury, would form a sac, in which the edges of the fractured bones would be prevented from inflicting injury upon the maternal soft parts. This instrument, he believed, was destined to abolish the perforator and the crotchet, and would be found effective in a pelvis, measuring but two inches in the narrowest diameter.

Baudelocque's original instrument was two feet long, and weighed over seven pounds. The blades were without fenestræ, and had a moderate pelvic curve. The cephalic curvature of ordinary forceps was omitted, to admit of the exercise of a greater amount of compression.

In 1833 Baudelocque's memoir was rewarded, in the Académie des Sciences, with a medal valued at 2000 francs.

In 1841 Busch reduced the weight of the cephalotribe to four pounds.

In 1842 Chailly made the correct observation, that the full value of the cephalotribe was only displayed in cases where perforation preceded its application. After the general recognition of this fact, lighter instruments were constructed.

The various forms of apparatus employed for compression may be included in three classes. 1st. The horizontal screw, movable by means of a button, a lever, or a winch. The female screw alone is movable. 2d. A horizontal arrangement, not a screw, viz., a dented wheel, a chain, and a band. 3d. A vertical screw, parallel to one of the handles, or to the axis of the instrument.

One of the earliest practical objections to the instrument was found to consist in the slipping of the head from the blades, so soon as compres-

sion is made. Busch tried to obviate the difficulty by increasing the pelvic curve, so as to enable the more secure seizure of the head when above the pelvic brim, and by cutting off the extremities of the blade squarely, so that when brought together they would come into contact throughout their entire width. Schölles, on the contrary, diminished the curve, because he thought a considerable curvature was incompatible with the diminished concavity of the sacrum in the rachitic pelvis. He thought the difficulty due to shortness of the blades, which he consequently lengthened.

In 1843 Cazeaux explained the defective working in a manner which has since been generally accepted, viz.: 1st. Owing to the insufficient pelvic curvature, the head is seized in its posterior part only, and thus is forced from the instrument, like a cherry pit from between the fingers, when making compression. 2d. Owing to the omission of the cephalic curvature, whereby the head is seized in two points, instead of being grasped by the entire surface of the blades. Yet this omission he regraded as essential to the proper compression of the head. To overcome the difficulty, he added an arrangement whereby the blades could be separated at the lock, so as to form a triangle, the base of which would be below, and the apex at the points of the blades. For further security against slipping, he inserted teeth into the inner surfaces of the blades, the points sloping toward the handles.

In 1848 Kiwisch modified the instrument, by diminishing the pelvic curvature to two and three-fourths inches, (previously it had ranged between three and four inches,) by increasing the cephalic curvature, so that the greatest distance between the outer surfaces of the blades was equal to one inch eleven lines, by adding projecting ribs to the inner surfaces of the blades, by turning the extremities inward pincer-fashion, and reducing the weight of the whole to less than two pounds.

Scanzoni, in 1852, having replaced the chain of Kiwisch by the screw of Auter, recommended in his work on midwifery then first published, this combination of Kiwisch and Auter in the strongest terms; in consequence of which the instrument has since then been generally known by his name.

Aside from the tendency to slip, it was objected from the first, that the application of the instrument in the transverse diameter of the pelvis would increase the diameter of the head in the direction in which the pelvis afforded the least amount of room, viz., in the antero-posterior diameter. Husent showed in table experiments upon heads of still-born children, that when compression is made in one diameter, compensation takes place to the amount of from one to two lines in the other diameters. It must be borne in mind, however, that if the instrument is applied in an oblique diameter, the compensation would take place not in the antero-posterior, but in the opposite oblique diameter, where there would be plenty of room,—and, if applied directly to the transverse diameter, a small amount of rotation would bring the head into an oblique diameter. Experiments upon the cadaver, however, do not probably represent what occurs in the living body where the additional forces of the uterine contractions and unyielding pelvic walls enter as factors into the problem. Here, it is probable, if compensation takes place, it would be in the direction of the pelvic axis, as in actual labor. As the cephalotribe frequently turns of itself during compression into an oblique, and, at times, even into the conjugate diameter, Braun, of Vienna, diminished the pelvic curve two inches, as this would facilitate rotation, and render subsequent extraction a matter of easy accomplishment.

Dr. Simpson, in his earlier instrument, adopted the curvature recommended by Braun, but since then has diminished it still further.

Dr. Kidd advocates doing away with the pelvic curve altogether, and reducing the cephalotribe to a simple straight pair of tongs.

In the midst of this great divergence of opinion, the great body of the profession, skilled in the subject, recommend a moderate pelvic curvature. Such an instrument as Braun's answers well enough the one indication for which it was constructed, but slips very badly in practice.

A theoretical objection to the cephalotribe concerns the danger of the edges of the fractured bones, lacerating the coverings of the skull, and injuring, during extraction, the soft parts of the mother. Flamm reported such a case in 1844, but it stands alone in the history of cephalotripsy. When perforation is performed, there is, however, a slight risk of injury to the maternal tissues, during extraction, from spiculæ at the point of perforation. This, of course, would be least when perforation is made through an orbit, or a fontanelle, and, in cases where the bone itself must be perforated. Hersent recommended selecting such a point for perforation, as would come between the blades of the cephalotribe, and thus be prevented from coming into contact with the soft parts. Chailly applies the cephalotribe first, and perforates between the blades. The Germans mostly employ the trephine-perforator, whereby the formation of spiculæ may be, as a rule, avoided.

After perforation and breaking up the brain-mass, some practitioners direct a stream of water into the skull to wash out the contents. Chailly objects to this on account of the unpleasant nature of the operation, and because he claims the cephalotribe, the forceps, the uterine contractions, are sufficient to decerebrate the skull. Von Weber, as the result of a large number of experiments, has shown that so far from this being so, the most powerful instrument can rarely press out more than the smaller portion of the skull-contents, and that a greater amount of compression can be brought to bear upon a fully than a partially decerebrated skull. He says cases occur where the operation has failed, until the skull has been first completely evacuated by injections. He therefore recommends the latter procedure in all cases except where the pelvis is normal, or nearly so, and in the retained head after extraction.

After version, or after the expulsion of the breech, it is not usual to perforate the retained head previous to applying the cephalotribe, on

account of the difficulties with which perforation is attended. The cephalotribe, it is advised, should be applied directly, likewise, to the hydrocephalic head, where puncture is attended with difficulty. The usual effect of the cephalotribe in these latter cases is to burst the head, but Weber reports a case in which the non-perforated hydrocephalic head lengthened out between the blades of the forceps like a long sausage.

Martin, of Berlin, states that the danger to the mother is less in those cases in which the cephalotribe is applied after version to the retained head; a circumstance due, he believes, to the head's being fixed in the pelvis. He, therefore, recommends turning in all cases where this can be accomplished without difficulty, if the head is movable above the brim.

Baudelocque declared that the cephalotribe was able instantly to crush both basis and parietes of the skull; and Kilian, in his first attempt, states that he crushed the bones into fifty-four pieces, but others have not been equally successful. Von Weber found, in experimenting upon the heads of dead infants, that in no case did he succeed in fracturing the bones of the skull at all; all instruments serving him alike in this respect. Even in cases of complete evacuation of the brain, the bones would bend, but not break. In cases, however, in which the cephalotribe was applied in the living subject during actual labor, and where the head was subjected at the same time to pressure from the uterine and pelvic walls, it is certain that the bones may break, if they do not always do so. Fractures may be found less common than simple bending inward; and where the former took place in one bone, it rarely extended to others; and, in general, contributed little toward the actual reduction of the head. Winckel presented three heads to the Obstetrical Society of Berlin, upon which the cephalotribe had been used to facilitate delivery. None had been perforated, and compression had been made in different diameters. Each time the cracking of the bones would have led a by-stander to suppose that they were being crushed into small fragments, yet in all these cases subsequent examinations showed that only upon one side was a bone considerably fractured, while, upon the other, generally nothing more than a slight fissure was produced. In all the cases the occipital bone was considerably depressed. The general effect of the first application of the cephalotribe appeared to be to break one, or at most two bones, and afterward to shove all the bones, especially the occipital, out of place. This displacement could not evidently take place without a removal of a portion of the brain, and in all these cases, the cerebral mass was found partially pressed out between the bones and the *galea aponeurotica*, the latter, however, sustaining no injury.

From the insignificant rôle the cephalotribe has thus been found to play in acutally breaking up the bones of the skull, Von Weber concludes that its most important action is that of a powerful tractor, and he would have it constructed especially to serve as such. To this end he states the requirements of a good instrument to be, 1st. That it should be so constructed as to seize the head, and not slip during the operation. For this purpose the blades should approximate as nearly as possible during the operation. An ideal instrument would be one the points of which would meet after completing compression, and this would require a cephalic curve. 2d. As the cephalotribe is almost always applied in cases where the head is above the brim, and often in cases of deep pelvis, the blades should possess sufficient pelvic curve to seize the head securely, without inflicting injury upon the maternal parts. Breisky constructed an instrument designed to fulfil these requirements. The pelvic curve was three inches two lines. Noticing that none of the instruments in use could exercise compression beyond a certain point, (generally from two inches to two inches three lines,) whereby the extremities of the blades were widely separated, he gave to his instrument a cephalic curvature, measuring two inches five lines from the outer surfaces. Experiments showed that with this degree of curvature the extremities could be brought together within from a half line to one line, and thus while exercising an equivalent amount of compression, the danger of slipping is greatly diminished. He likewise furnished fenestræ to the blades, as they add lightness without loss of power, hold the head better, and bring pressure to bear from four edges upon each side of the head, thereby greatly increasing the chances of fracture. Of course that instrument which shall answer every requirement remains to be invented. Scanzoni's cephalotribe has been most employed in Germany, and of late Breisky's instrument has been warmly recommended.

Baudelocque regards cephalotripsy compatible with a degree of narrowing equal to two inches. Cudé believes it should be attempted in all cases where it is possible to introduce the blades. Husent would limit it to two and a half inches. Scanzoni adopts the same principle. Schultze regards it as absolutely indicated down to two inches, and below that point would have the choice between the cephalotribe and the Cæsarian section depend upon the life of the child. Most agree that below two inches there is little choice between these two operations, so far as regards the safety of the mother. Between two and two and a half inches, other factors are to be considered; such as the diameters of the child's head, the hardness of the bones, and the relation of the pelvic diameters to one another.

In cases of difficult extraction the instrument should be withdrawn and re-applied in different diameters, until the head yields readily to moderate traction. These repeated applications act generally by displacing the cranial bones within the integument of the head; and thus displaced and folded upon one another, they offer but little resistance.

Pajot proposed that in all cases under six cent. or about two and a half inches, no traction should be made at all; but as soon as the cervix is dilated sufficiently, perforation should be performed; whereupon complete dilatation occurs more speedily, and cephalotripsy may be begun at an early stage of labor,—a point of considerable importance.

In applying the cephalotribe, one or two assist-

ants should make counter pressure at the pelvic brim, to steady the head; and the blades should be introduced as high as possible, by depressing the handles. After compression, rotation should be very carefully attempted, if it have not occurred of itself. Upon feeling the slightest obstacle, the attempt should be suspended, and the instrument withdrawn. Nature usually brings about rotation in an astonishingly short space of time. The instrument should then be re-applied, and compression repeated. The same process is to be gone through with a third time. Then the woman is to be placed in a convenient posture, and given bouillon to drink. Then, according to the state of the pulse, the general appearance of the patient, the quiet or excitement manifested, the weak or energetic character of the pains, the cephalotribe should be applied two or three times every two, three or four hours, the expulsion of the fœtus being left entirely to nature. M. Pajot has never found more than four repetitions of this proceeding necessary, and generally one or two have sufficed. After the passage of the head, one or two applications of the instrument are required in the rule, to reduce the thorax. To be successful, it is requisite that the operation should be resorted to at an early period of the labor.

To this plan of Pajot's it has been objected, however, that from the prolongation of the labor the risk of rupture of the uterus is incurred—that the uterus is liable to be injured by the spiculæ existing at the point of perforation—that owing to the great rapidity with which decomposition takes place after cephalotripsy, the bones of the skull may become denuded of their coverings; and finally, that after a time, the membranes become so far destroyed as no longer to protect the uterus itself from its decomposing contents. Pajot reports seven cases in which his plan was employed. Two of these cases died. The highest degree of pelvic deformity operated upon was a little less than one and a half inches. The patient died of ruptured uterus. Previous to Pajot's arrival, attempts had been made to perform cephalotripsy by a badly constructed instrument, which he regards as the cause of the fatal result.

The question of perforating the living child and delivering by the natural passages, instead of resorting to the Cæsarian section, does not belong here. This is a point which every practitioner has decided for himself. To one the life of the child pleads more strongly. To another the black list of victims to the Cæsarean section furnishes an irresistible argument. Only in cases requiring action it is strongly urged, that there be no halting between two courses—no waiting, as some do, until the child shall have perished in the uterus. In both operations postponement is fatal, and the use of the cephalotribe should be delayed only as long as is compatible with the safety of the mother. There should be no delay, either in those cases where, from the long continuance of labor or other circumstances, the chances of saving the life of the child are too slight to justify a resort to the Cæsarian section.

Hennig examined the records of 139 cases; of these, 11 times the cephalotribe failed to extract, and other means had to be employed; in 23 cases the instrument slipped; 23 cases terminated fatally. The second set consisted of 64 cases; of these 41 recovered wholly, and 6 partially, whereof 4 had vesico-vaginal fistula, making 73 per cent. of successful cases. Lauth reports 192 cases, in which there were 50 deaths and 8 fistulæ.

The operation of cephalotripsy is not to be settled altogether by arithmetic. In 1850, Kiwisch drew attention to the fact, that the fatal results in many cases are to be ascribed to preceding unsuccessful attempts at forced delivery. In conclusion, analysis was given of cases in illustration of this point.

Dr. Elliott, after pronouncing the paper of Dr. Lusk a most masterly summary of the experience of the world, said that he had recommended the use of the cephalotribe since 1854, and had used it in his own practice; successfully in three cases, if his memory served him, and failed in its application in others. He firmly believed that perforation should always precede cephalotripsy; and that there was no justification for its omission in delivering the hydrocephalic child with this instrument in the case referred to by Dr. Lusk. He regards the statements that are made regarding the liability to injuries of maternal tissue, from spiculæ of bone, as exaggerated, if it is in the hands of competent men.

If version has been performed, and the head cannot be delivered by the hand or forceps, and the child be certainly dead, he passes the perforator along, sheathes it in the tissues of the neck below the mastoid processes, and forces it through the occipital bone, unless the head be low enough to admit a more direct application.

In difficult cases of original or converted pelvic presentation, he would not reapply the cephalotribe; but would pass the crotchet within the incision made by the perforator; the thick, well ossified occipital bone forming a most powerful purchase; and one which is entirely upon the child, and does not injure the mother at all. If the crotchet should slip, while in inexperienced or careless hands, it could only, under these circumstances, tear into the back of the dead child.

In deformity of the pelvis, he stands a strong and uncompromising advocate for the preservation of fœtal life, and deems it the duty of physicians to select the operation that offers the best chance of saving both lives. If the child lived, he would therefore perform the Cæsarian section timely in appropriate cases, and when the mother's condition was good. When the diameter of the pelvis is reduced to one and a half inches, and the child at term and not putrid, he believes that the Cæsarian section offers a better chance for the woman than the crushing of the head, getting it away in pieces, and the subsequent evisceration and removal of the parts of the fœtus would give her. He then referred to a case where the woman died from rupture of the uterus during the last steps of such an operation.

He said that, as in the écraseur, unless great care is used, the physician will draw in more

tissue than he intends; so in cephalotripsy, the reverse is liable to happen. For instance, the instrument being applied over the bimastoid diameter, it may slip up toward the parietal bones.

He suggested that inexperienced physicians should prefer the cranioclast, an instrument one half of which is introduced within the skull, the other half being applied outside; for this limits the risk to maternal tissue one-half. The danger which is most common to all varieties of extractive instruments in the hands of beginners, is in using force in the side-to-side movement so as to make a pivot of one of the descending rami of the pubes; thereby, under his observation, the vagina has often been lacerated.

BALTIMORE MEDICAL ASSOCIATION.

April 8th, 1867.

Reported by J. W. P. Bates, M. D.

Subject of Discussion—Bromide of Potassium.

Dr. Arnold. This remedy was experimental within the La Pitié Hospital of Paris in 1850, and in 1858 it was brought up before the Royal Surgical Society London, when Dr. Sieveking read a paper on epilepsy, and the chairman of the committee reported having used it in fifteen cases of that disease, of which fourteen were cured. This elicited a great deal of discussion. It was afterwards used in hospitals for epileptics, and Brown-Séquard and others spoke very favorably of it. It has been used generally since, but with very variable success. Of late, evidence has accumulated which goes to prove that it is the least unsuccessful remedy in epilepsy. It is certainly interesting to know its physiological effects and what is called bromidism. If given in doses of 30 or 40 grains it produces peculiar effects on the sensory system. There is a disposition to sleep, dryness of the fauces, dizziness, obtuseness of the faculties, and, if persisted in for any length of time, it produces complete hebetude. It does not produce paralysis, but there is no tottering in the gait, and the person has to lie down frequently. There is a powerful sedative condition of the nervous system. It affects the cerebro-spinal and motor nerves but not the medulla oblongata. These effects will be relieved by purgatives and stimulants but great prostration of the nervous system will remain. On the strength of this it was tried in La Pitié and a large number of epileptics derived great benefit from its use.

It is hard to say that an epileptic has been cured, but it seems to lessen the frequency of the attacks and changes grand mal into petit mal; but epileptis vertigo is not under its control. It is also used in functional nervous diseases. I am very skeptical concerning any remedy that has a great reputation in epilepsy. I have used this remedy in four epileptic cases. In one case its effects were most excellent. A girl, nine years old, has been troubled with epilepsy for two years. The attacks were daily, and sometimes during the night. I saw her first about three months ago. She seemed in an idiotic state, gait tottering; if spoken to had vertiginous attacks. I remained with her once two hours, and she had more than twenty attacks. I gave her the bromide in five grain doses three times a day. In the course of six or seven days the nocturnal attacks ceased and she rested well. Increased the dose gradually to ten grains, and now she is not attacked oftener than twice a week, and has improved otherwise very much. I have sometimes alternated with bromide of ammonium, or combined it with iodide of potassium, and it seemed to act better. I have used it in other cases but could perceive no beneficial effects. In my opinion epilepsy is an entirely functional disease, except when owing to injury of skull, exostosis or syphilis. We find kindred nervous affections, as asthma, sometimes alternating with it. I have used the bromide in asthma but saw no good effects. In angina pectoris one case to whom I gave grs. xx., four times a day seemed benefited. In all the cases it seems to increase the appetite.

Dr. Dickson. I have had a case of epilepsy under my care for three months. Had attacks of grand mal three times a week, after taking the bromide (gr. xv. ter die) for a week had no more attacks for a month, and the general health was much improved. I intermitted the medicine and the attacks came on as before. Only eighteen months an epileptic. So far, the medicine seems to have prolonged the interval. Has had three attacks in the last month, but they were generally attributable to fright. Her intellect is not affected, and as she is just at the period of puberty, I hope her epilepsy is functional and will pass off when she menstruates regularly.

I have used it in the nausea of pregnancy, (grs. iii. to iv. twice a day) when hydrocyanic acid had failed, with good effects. I have found it to be an invaluable sleep producer where opium has failed. I gave gr. xv. in the morning, and xx. or xxx. more at bedtime.

Dr. Eastman. My experience has not been so successful with it as I had reason to anticipate. I have tried it in six cases of epilepsy—three of these were from abroad and I have not heard from them since—in two I gave from fifteen to twenty-five grains at a dose and continued it for six months with no benefit whatever. The other case, a young man, had convulsions frequently twice or thrice a day and never further apart than ten days. Under the use of this remedy he had no attacks for six weeks, then escaped for fourteen months. The medicine was stopped and in four or five months he had another attack. Renewed the remedy and has not been troubled since. I have used it in cases of sleeplessness and some few were benefited. I have tried it in nausea without success.

Dr. Jones. My experience with this remedy has been quite limited but very favorable. I have used it in two cases of spasm of the glottis. One, a child, had attacks two or three times a day. I gave the bromide in four grain doses three times a day, with almost immediate improvement. Has had no attacks for six months. I have a case now which seems to be relieved, but I cannot speak positively on account of insufficient time to test it. I have used it with good effects in amenorrhœa and dysmenorrhœa. Used it in hooping cough

with much satisfaction. I gave it in good, decided doses. I have never used it in delirium tremens but have found it beneficial in hysteria. I consider it a sedative to the heart and arteries.

Dr. DONALDSON. It is evidently a very valuable therapeutic agent, but not a specific for epilepsy, as my experience with it in that disease has been very unsatisfactory. I have used it in five cases of delirium tremens, and in four it had a very happy effect. One case, of very wild delirium, had taken large doses of opium, which only seemed to increase the violence. Had remained awake for three successive nights. I gave thirty grains of the bromide every hour, and when he had taken ʒiiss., he fell asleep and slept for ten hours, awaking quite rational. It had a good effect in three other cases—in one no effect. It is attended with no injurious effects, whereas opium is. TROUSSEAU says opium should be used with caution, in small and repeated doses. The alcoholic treatment has been abandoned, for it is adding poison to a brain already poisoned. In the catarrh of young children, I have given the bromide in three or four-grain doses every hour. It soothes the irritation of the mucous membrane. It is useful in examinations of the throat. By throwing a solution on the posterior fauces, by means of a spray apparatus, it so deadens the sensibility that you can use the laryngoscope without producing nausea.

Dr. WARREN. It is a valuable remedy in delirium tremens. I give twenty or thirty grains every hour or every two hours. I have used it in confirmed epilepsy unsuccessfully. One case, a child five years old, was cured by it in five-grain doses. I have used it with good effects in hysterical epilepsy. A lady had attacks every month. There was some induration of the os, to which local applications had been made, but the attacks continued. The bromide relieved them entirely. In nymphomania and priapism it is almost invaluable. In spermatorrhœa, I apply a blister to the perineum and give ʒj. ter die. It is as near a specific as any other medicine in the pharmacopœia. It will relieve the globus hystericus, but does not cure the hysteria.

Dr. HELSEY. I have had to discontinue its use in a case of chordee, in a case of acute gonorrhœa, on account of its cathartic effect. In spasmodic asthma and hysteria it had not this effect.

Dr. ARNOLD. I would consider its test in epilepsy as the *experimentum crucis*. Hysteria and delirium tremens are very often amenable to slight treatment—the latter often gets well under good diet—gets well under various forms of treatment or no treatment. Epilepsy continues for a number of years, but here we have a drug which shortens the attacks and lengthens the intervals. All functional diseases have a tendency to relapse, and he is a bold man that will say he has cured a case of epilepsy. What constitutes the cause of epilepsy I cannot tell, for autopsy shows nothing. That this medicine will eradicate this disease, I cannot say, but it seems to have a peculiar effect on the abnormal condition which produces it. In the history of medicine, when a drug has done good service in a disease, it is given in kindred diseases, but it is not a good test to use it in diseases which get well spontaneously. In delirium tremens, it is a disputed point whether the poison permeates the blood or affects the nervous system, and if bromide of potassium is a powerful sedative I cannot see how it is beneficial in this disease, but if practically it has been found useful, so much the better. In epilepsy the motility of the nervous system is powerfully affected. I cannot say that the bromide is a specific; all that is claimed is that it has a powerful influence. It should be given in frequent doses and for a long time. May omit it for several weeks, so as to prevent the system becoming accustomed to it.

Dr. WILLIAMS. There has been one point overlooked, viz., the rationale. There have been a number of cases of the applicability of this remedy related; some of serious diseases and others of slight affections. It is unsafe to test a remedy by a disease which has a string of specifics for it, and which yields to other forms of treatment. The cases of epilepsy which depend upon any permanent cause are not benefited by the bromide; but in cases dependent upon some eccentric cause, and in indirect affections of the nervous system it is an invaluable remedy. In the nervous symptoms of diphtheria and scarlatina, it relieves promptly. We can extend it almost *ad lib.* and feel assured no injurious effect will result.

It is essentially an agent which acts on the nervous system and produces its effects through that, and that only. In cases of mania arising from unknown causes—usually called hysterical, but not so—the bromide is not favorable. I hope it may be found beneficial in puerperal mania.

Dr. DARE. We have heard this remedy spoken of as a powerful medicine—a powerful sedative. You recommend it in low forms of fever when other remedies would depress, and then it increases the appetite, and you call it a tonic. I can scarcely see how these two can be reconciled. If it is a sedative, how can it be used in low fevers, and how can it act as a tonic? We generally put more faith in double-edged remedies which will produce effects either for good or evil, and it does not speak much for this remedy that it is innocuous in such large doses and when continued for so long a time. I would like it to be classified.

Dr. WILLIAMS. I do not discover the radical inconsistency the doctor alludes to. The same thing is met with in other medicines. Digitalis is either tonic or sedative according to the state of the system. When the bromide is used in eccentric cases, as scarlatina and diphtheria, it acts indirectly as a tonic, and seems to restore the proper equilibrium of the nervous system. It may be illustrated by the action of tea or coffee. Where there is fatigue or nervous exhaustion, as well as when there is nervous excitement, as in the case of a student studying late at night, coffee will relieve. The action is the same, but in one case the effect is stimulant, in the other sedative. It is difficult to classify certain remedies either as stimulant or sedative, but when the equilibrium of the nervous system is disturbed, as in delirium tremens, epilepsy, scarlatina, diphtheria, etc., it

probably acts as a stimulant. I would rather rank it as a tonic or stimulant.

Dr. Warren. A remedy may be powerful for good yet not be powerful in its action. The terms stimulant and sedative are conventional ones. When the system is normal this remedy has little effect, but when abnormal, it acts until the normal standard is reached, and then it becomes inert. In disorder of the nervous system, either in the elaboration or distribution of the nervous influence, it may remove the condition which produces the disorder, and thus, indirectly, act as a tonic. There is no contradiction and no therapeutical impropriety.

Dr. Dare. Do you consider that the circulation of the brain is increased or diminished by the bromide of potassium?

Dr. Warren. I cannot tell.

[To be continued.]

Editorial Department.

Periscope.

Palatable Medicines.

On this topic Dr. L. H. Cohen speaks as follows in the *Southern Journal of the Medical Sciences*:

"The various preparations of cerium which have been introduced, are coming fast into favor; they act as sedatives or anodynes, frequently relieving pain and inducing sleep; but their greatest use appears to be in allaying vomiting, especially that observed during pregnancy and 'Bright's disease.' The form which seems to have been received with most favor by the profession, is the oxalate, the dose of which is from one to three grains; it is tasteless, and I have never seen it rejected from the stomach, while the effervescent nitrate sometimes is. It is certainly preferable in every respect, to assafœtida, which has enjoyed much favor among physicians, but very little, I am positive, among patients.

Another sedative which has come into some notice of late, is narceine. The preparations of opium and morphia have always had certain objections; among others, that they frequently fail entirely to produce sleep, and even when that effect is obtained, secondary results of a disagreeable, and sometimes injurious nature are produced, such as loss of appetite, nausea, and constipation. It is claimed by M. Linne that narceine is liable to none of these objections; and if it possesses the properties claimed, it is certainly to be recommended.

If it be considered necessary to administer castor oil, its flavor may be entirely masked, by giving it in a small wineglass, which has been well rinsed with brandy, and adding a little of the spirit, with a few drops of oil of peppermint (or any other aromatic oil) poured upon the surface; the taste will not be perceptible, though the usual eructations will be plainly so in due time.

Another method by which both castor and cod-liver oils are now sometimes given, is in the form of jelly; copaiba may, also, be administered in this way.

I have tried in several cases the method of M. Jeannel, for dispelling the disagreeable flavor and smell of cod-liver oil, by agitating it with oil of bitter almonds, but in no one instance have I seen a satisfactory result; the oil will maintain its "fishy" taste, and its odor completely overwhelms that of the oil of almonds, even when two or three, or even four minims were added to each ounce of the fish oil. I am inclined to believe that the cod-liver oil can be dispensed with; the iodides, phosphates, etc., to which it has been supposed, in a great degree, to owe its efficacy, can, I am certain, be given in a much more agreeable form; while the oily matter can find an efficient and acceptable substitute in good fresh buttermilk.

Ferrated preparations of cinchona are often desirable; but the objections found to the most of them are their frequently disagreeable taste, the formation of a bulky precipitate, and also the large amount of alcohol they too often contain. I have employed the following "elixir" in a number of instances, with marked benefit, and it is readily taken by any patient, however squeamish: ℞. Ferri et potassæ tartratis, ʒi; acidi phosphorici dil., ʒiii; liq. cinchona cordifol., (Battley's) ʒii; syrupi simplicis, ℥ii; aquæ cinnamomi, q. s. Dissolve the tartrate in two ounces of the cinnamon water, add the phosphoric acid, and then the liquor cinchonæ, and filter from the resulting precipitate (bitartrate of potassa); then add the syrup and sufficient cinnamon water to make the solution measure six fluid ounces. The dose is the same as that of the glycerole before mentioned."

Sequelæ of Surgical Operations.

M. Maisonneuve thinks that of every hundred patients who die after surgical operations, at least *ninety-five* are poisoned. This he explains by showing that in most cases of the kind referred to, certain morbid products, the result of the operation, are developed either in the blood or on the surface of the body, and make their way into the system. He formulates his remarks thus: 1. The blood and other animal fluids, when exposed freely to the air, or in contact with aqueous substances, soon lose their vitality. 2. Once dead, they are liable to putrefy under the influence of heat, moisture, and air. 3. The products of such putrefaction are highly poisonous. 4. It is the same with such secretions as the urine, bile, and intestinal juices. 5. In infiltrating the permeable tissues with which they are in contact, these poisoned liquids give rise to gangrene, erysipelas, etc. 6. These same liquids, either by themselves, or mixed with the special products of the inflammation they provoke, can, in entering the circulation, alter the blood and disturb important functions. 7. After their expulsion from the general bloodvessels, they may remain in the capillaries, the parenchymata, serous tissue, etc., and give rise to abscess, anthrax, etc. 8. The entirety of the disturbances constitutes surgical fevers. To prevent these terrible consequences of operation, M. Maisonneuve suggests the adoption of the subcutaneous method, and the employment of all means of preventing putrefactive process.—*Lancet.*

Medical and Surgical Reporter.

PHILADELPHIA, JUNE 8, 1867.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

THE NEW MEDICAL LAW of MARYLAND.

The January session, 1867, of the General Assembly of Maryland, passed at act entitled "*An act for the protection of the Public against Medical Impostors, and for the suppression of the crime of unlawful Abortion.*" The preamble recites,—

"That *whereas* it appears that many persons are now practicing medicine, surgery and obstetrics in the city of Baltimore and other parts of this State, who have received no proper medical education, and who are in fact mere impostors; and *whereas* there are certain persons notoriously engaged in the unlawful production of abortion, therefore," etc.

Section 1st provides that on, or before the first day of May, 1867, the Governor

"Shall appoint twelve respectable Physicians, graduates of some recognized school of medicine, for the city of Baltimore, and six for each county, who shall constitute a temporary Board of Examiners for their respective districts, whose duty it shall be to grant licenses to such now practicing Physicians, as are able to prove to the satisfaction of the Board, that they are *bona fide* graduates of some respectable Medical College; these licenses shall be valid until the permanent Board, hereinafter provided for, shall be prepared to issue licenses bearing the seal of the Faculty of the State; each person obtaining such a license shall pay five dollars into the treasury of the Board."

This section further provides for the disposition of the money so collected for licenses.

Section 2d provides that all Physicians thus licensed, shall constitute the Medical Faculty of the State of Maryland, and provides for the annual meeting of said Faculty, and for the perpetuation of the Board of Examiners.

Sections 3d, 4th, and 5th, relate to the organization of the permanent Board of Examiners and their duties. The fee for license from this permanent board of examiners is ten dollars.

Section 6th reads as follows:

"*And be it enacted*, That it shall be the duty of the permanent Board of Examiners to meet on the first Monday in September, eighteen hundred and sixty-seven, and annually thereafter on the first Monday in April, for the purpose of granting and renewing licenses. The Board shall grant licenses only to those candidates who, by a careful examination, are ascertained to have a proper knowledge of Natural Philosophy, Chemistry, Anatomy, Physiology, Materia Medica, Therapeutics, and the principles and practice of Medicine, of Surgery, and of Obstetrics, and shall renew licenses that may have been obtained from the temporary, as well as those obtained from the permanent Boards, without subjecting applicants to an examination: provided, however, that nothing herein contained shall be construed so as to prevent said Board from granting special licenses, after proper examination, to such as may desire to practice only one or more of the branches above enumerated. Provided, also, that nothing herein contained shall be construed so as to prescribe the mode or manner in which diseases are to be treated. Every physician having proven that he has a proper knowledge of the principles of medicine, shall be at liberty to treat diseases according to his individual honest convictions."

Section 7th provides for the renewal of licenses every year.

Sections 8th, 9th and 10th provide penalties for the infraction of the law.

Sections 11th and 16th have reference to the procurement of abortion, and are as follows:

"*Sec.* 11. *And be it enacted*, That no person shall be allowed to produce abortion at any stage of pregnancy, by prescribing medicines or by any other means, under a penalty of one thousand dollars and six months imprisonment, in addition to penalties imposed by existing laws; provided that nothing herein contained shall be construed so as to prohibit the production of abortion by a regular practitioner, when deemed necessary for the safety of the mother, after consultation with not less than two members of the Faculty, including one member of the Board of Examiners.

"*Sec.* 16. *And be it enacted*, That any person who shall knowingly advertise, print, publish, distribute or circulate, or knowingly cause to be advertised, printed, published, distributed or circulated, any pamphlet, printed paper, book, newspaper notice, advertisement or reference containing words or language, giving or conveying any notice, hint or reference to any person, or to the name of any person, real or fictitious, from whom, or to any place, house, shop or office, where any poison, drug, mixture, preparation, medicine or noxious thing, or any instrument or means whatever, or any advice, direction, information or knowledge may be obtained for the purpose of causing the miscarriage or abortion of any woman pregnant with child, shall be punished by imprisonment in the penitentiary at hard labor, for not less than three years, or by a fine of not less than five hundred nor more than one thousand dollars, or both, in the discretion of the Court, and in case of fine being imposed, one-half shall go to the informer."

Section 12th empowers the Medical Faculty to make by-laws, rules and regulations.

Sections 13th and 14th relate to the disposition of fines and penalties, and to the offering of rewards by the Faculty of each district, for the arrest and conviction of offenders against this act.

Section 15th enjoins the Judges to give this act in charge of the Grand Juries of their respective courts.

The above is an outline of the act and its provisions. Our readers can judge of its effect upon the practice of medicine in the State of Maryland.

We long ago settled down to the opinion that our profession must be a law to itself, and not seek the interference of State legislation. It will be seen that the sixth section of the above act legalizes every species of irregular practice, and places such practitioners on the same footing legally, as the regular practitioners of the State. If legislatures pass laws of this mixed character, it is our duty to submit to them, but let us have our own organizations, revolving around our American Medical Association as a centre.

We are very glad to see that the law provides severe penalties against the procurement of criminal abortion, and note it as an evidence of progress on this subject.

MEDICAL SOCIETY OF NEW JERSEY.

The Medical Society of New Jersey held its one hundred and first session in Newark on the 28th and 29th ult. It was the first time, if we understood correctly, in its history, that the Society had met in that city—and all because Newark had the reputation of having no hotel accommodations for the delegates. To make amends for this, the profession of Newark made arrangements by which those delegates who spent a night there were accommodated by themselves or their friends. This is usual in ecclesiastical conventions, but we never knew of it being done before on occasion of our medical society meetings. We are glad the experiment has been tried. Our medical meetings only last four or five days at most, and why should not the communities where they are held offer the delegates their hospitality for that short period? Ecclesiastical meetings continue from ten days to two weeks generally, and delegates to them sacrifice very little, as their travelling expenses are generally paid, and their salaries are continued, the congregations supplying the pulpits during their absence. Medical men, on the contrary, not only lose in their business during their absence from home, but have to pay their travelling and hotel expenses, besides contributing to the support of the society. It is worthy of consideration, whether local medical societies ought not to bear the expenses of their delegates to the State and national societies.

The arrangements made by the profession of Newark were admirable, both for the business and social meetings of the Society. On Tuesday evening, the delegates were handsomely entertained by the Board of Health of Newark, and on Wednesday, a splendid dinner was provided by the profession of Newark.

More than a hundred delegates were in attendance, and the States of Massachusetts, Connecticut, Rhode Island, New York, Pennsylvania, and Ohio were represented. The usual business of the Society was transacted, including the Report of the Standing Committee, an interesting feature peculiar to this Society. This report is a summary of the reports of the several county societies, and gives in a condensed form the medical history of the State for the year.

The following officers were elected for the ensuing year:

President—John C. Johnson, of Blairstown.

First Vice-President—Thomas J. Corson, of Trenton; 2*d do.*, Wm. Pierson, of Orange; 3*d do.*, Thomas F. Cullen, of Camden.

Corresponding Sec'y—C. Hodge, of Trenton.

Recording Secretary—William Pierson, Jr., of Orange.

Treasurer—H. R. Baldwin, of New Brunswick.

Standing Committee—Stephen Wickes, Orange; Charles Hasbrouck, Hackensack; F. Gauntt, Burlington.

Delegates to American Medical Association—A. W. Woodhull, J. D. Bromley, S. Lilly, R. M. Cooper, J. L. Bodine, B. H. Stratton, H. G. Cook, J. Thomason, J. Havins, W. Elmer, Jr., George Goodell, E. Byington, John Blair, W. Pierson, Jr., L. Jamieson.

Notes and Comments.

Diagnosis and Classification of Skin Diseases.

Dr. Geo. W. Lawrence, of Hot Springs, Ark., calls our attention to a communication from him, published in this journal several years since, suggesting the use of photography to aid beginners in the study of Skin Diseases. After referring to the labors of Dr. E. Curtis, U. S. A., in this direction, and the importance of properly classifying skin diseases in a general comprehensive manner, he suggests that the delegates from this country to the International Medical Congress at Paris struggle to obtain so desirable a result. This, he suggests, could be best accomplished through a special committee composed of intelligent dermatologists. Dr. Lawrence also suggests the use of microphotography in illustrating works on skin diseases. This is a very important matter, and these suggestions are worthy of attention.

Medical Society of Pennsylvania.

We would call the attention of those intending to be present at the meeting of the Medical Society of Pennsylvania at Pittsburgh next week, to the notice of the Committee of Arrangements in another column. This liberal arrangement ought to insure a very full attendance.

The ex-officio delegates from Philadelphia are Drs. Wm. B. Atkinson, W. Mayburry, and Winthrop Sargent. The Philadelphia County Medical Society have elected the following:

Drs D. Hayes Agnew, James Ash, Charles S. Boker, John Bell, Wm. H. Bunn, Robert Burns, James M. Corse, James Cummiskey, Levi Curtis, Richard J. Dunglison, H. Y. Evans, Albert Frickê, A. H. Fish, Lewis P. Gebhard, Amos W. Griffiths, H. St. Clair Ash, J. H. Smaltz, J. Huckel, Nath. L. Hatfield, A. G. B. Hinkle, Thomas Hay, Wm. N. Johnson, John F. Lamb, Richard H. Lee, Wm. L. Knight, Andrew Nebinger, Ed. Schofield, E. B. Shapleigh, Joseph Leidy, Samuel D. Gross, J. G. Stetler.

Medical and Chirurgical Faculty of Maryland.

The Medical and Chirurgical Faculty of Maryland met at Baltimore last week. The attendance was large. The law of the Legislature, appointing a Board of Medical Examiners, was severely denounced, as having an *ex post facto* application. A resolution was adopted that the Society will resist all action of parties appointed under said law, and test its validity in the courts.

Vermont State Medical Society.

The Medical Society of the State of Vermont meets at Burlington on Wednesday, the 19th of June, and holds its sessions for two days. A large attendance is expected.

Criticising the Sick.

A correspondent of the N. Y. *Tribune*, in describing the peculiarities of a sect of communists having colonies near Oneida, New York, and at Wallingford, Conn., says they employ no physician, for they need none. Once he inquired what were the prevailing diseases. Several were present. A laugh went round. Finally, they said there were none. But if one gets sick he is *criticised*. What had he been doing? Did he not know it? He must explain himself, and show what business he had to be sick. Several years ago, the diphtheria got in and killed five or six. They tried ice, and various remedies; then they *criticised*, and that broke it up!

On these occasions the fraternity meet in their public room, and each in turn expresses his or her mind on the subject. We do not doubt that criticism might be very potent in preventing disease.

Four Children at a Birth.

Dr. C. J. Faust, of Graham's Turn-Out, S. C., in a letter to Dr. G. S. Bedford, of New York, reports a case of quadruple birth. The children were males, and averaged about five pounds each in weight. One of the children was born at 11, A. M., Feb. 26th, and the other three between the hours of 6 and 8, A. M., the following day. There was but one placenta, which was square, with a cord attached to each corner. The children all lived, and were nursed by their mother.

Dr. Bedford publishes Dr. Faust's letter in the N. Y. *Medical Record*, accompanied with some valuable statistics on plural births.

Buying Diplomas in England.

A correspondent of *The British Medical Journal* having read in another paper an advertisement offering a diploma for sale, wrote to the advertiser and received, it is said, the following reply: "Sir—If you will drop a line stating any time you can call and see the diploma, I shall be home for that purpose. It is surgical, issued from New York, and also confers M. D. as well. The price is £7. Yours, etc., M. Hammond,
No. 20 Herbert st., Hoxton."

The diploma in question was without doubt issued by one of the irregular schools of medicine chartered by the State of New York. There appears to be quite a lively trade carried on in these irregular diplomas in Great Britain.

Dr. D. Hayes Agnew has removed from No. 16 North 11th street, to No. 1611 Chestnut street

The Cause of Cholera.

In a memoir addressed to the Paris Academy of Medicine, M. Daumé announces the discovery of a cholera animalcule. The memoir has been referred to the committee having charge of the Bréant prize to be awarded to the person who discovers a cure for the modern pestilence. It is possible that Asiatic Cholera may be caused by the presence of an organism; but from the rapidity of the progress of this disease, it seems more reasonable to infer that this organism belongs to the vegetable class, resembling minute mycelium, which often increase with most fearful rapidity. Still we are without proof to show that inorganic matter cannot assume such baneful form, by the process of diffusion through common air, as to carry into the lungs a poison which may soon disintegrate the blood and paralyze the nervous system. It has, fortunately, been clearly demonstrated that the progress of this unknown enemy through its favorite haunts—the cities—can be prevented by cleanliness, the use of disinfectants, and strict observance of sanitary regulations.

Correspondence.

DOMESTIC.

State Medical Society of Indiana.

Editors Med. and Surg. Reporter:

The State Medical Society of Indiana met at Indianapolis on the 21st ult., Dr. Vierling Kersey, of Richmond, in the chair, he having been elected as President last year. There was a respectable attendance, quite as full, probably, as at most former meetings; yet when we consider that there are some twenty-five hundred or more regular physicians in Indiana, the number present seemed small. The Society is in good working order, its finances seem to be on a sound basis, and upon the whole, the operations of the past year seem to have been satisfactory. One humiliating circumstance was brought to light in the report of the Secretary, read at the first sitting. It seems that the paper read before the Society last year, on the "Progress of Medicine," by Dr. H. C. Cole, and published in part in the Transactions, was almost a verbatim copy of an address delivered by Dr. Bissell before the New York State Medical Society in 1864. The subject was referred to the Committee on Ethics, with which committee the Doctor had an interview, but failed to convince them that his paper was anything other than a plagiarism. He was expelled from the Society by a unanimous vote.

At the first sitting, the Committee on Cholagogues, Dr. J. F. Hibberd, of Richmond, presented a report, reiterating his positions of two years ago, and opposing the positions of Dr. Kersey, whose paper was well received last year. The Doctor considers the liver a very obscure organ, and is yet to be convinced that any known remedial agent is entitled to be called a cholagogue. He considers the pathology and the therapeutics of biliary diseases alike unknown. His ideas were combatted by Dr. Kersey, and defended by Dr. Comingor. Dr. Moffat made this practical point, that if we abandon the idea that mercurials have any effect upon the functions of the liver, the tendency will be to abandon the use of the drug altogether; and feared that even patients with iritis would be allowed to go on without aid from mercury till the eye should be lost, on account of the discredit thrown upon the drug. He spoke of the gratification experienced by the physician in a case of colitis, when he sees the colored consistent fecal discharges which he has been accustomed to look upon as indicative of the restored function of the liver, and to attribute in part to the effect of mercury. He thinks the truth in regard to the use of this drug lies between the excessive amount prescribed years ago and the almost total disuse which now seems to be prevailing amongst physicians.

At the evening session, the President's address was presented, on the subject of "Physic and Physicians." The Doctor takes very high ground on the subject of medical education, and the necessity of a division of labor in the different branches of the art; thinks there should be in every county at least one expert in post-mortem examinations and analytical chemistry, for whom a suitable compensation should be provided by the State, and who should be expected to possess a degree of skill in these particulars quite beyond the reach of the ordinary county practitioner. In one point, however, the Doctor offended our State pride rather severely. He thinks it not at all an unfortunate circumstance, that Indiana neither publishes a medical journal nor possesses a medical college. While the reasons he brings forward are decidedly cogent, yet they were exactly in the face of the fact, that at this very time a scheme is on foot to establish a journal in Indianapolis, or rather to transfer the *Cincinnati Journal of Medicine* (confessedly one of the best medical papers in the West) to Indianapolis, to which scheme your correspondent wishes full success.

On the second day of the meeting a very valuable statistical paper, on "Foreign Bodies in the Air-Passages," (I am not sure that I quote the title correctly,) was read by Dr. Weist, of Richmond. The tendency of his figures is adverse to operations in these cases. His tables differ very considerably from those of Prof. Gross. Another paper, by Dr. Haughton, of Richmond, on Laryngotomy in Medical Cases, was referred for publication without reading. I learn from the author, that his conclusions, drawn from a very large number of cases reported in this country and Europe, are decidedly favorable to operations. I am much of the mind of Dr. Watson, however, who remarks, in regard to the treatment of diseases involving dyspnœa, that, "Nobody, if I could help it, should make a hole in my windpipe."

Two valuable papers, one on "Cholera," by Dr. Sutton, detailing a number of cases, and one by Dr. Haymond, on the "Pathology of the Collapsed Stage of Cholera," were read and ordered to be published. An able paper on "Cerebro-Spinal Meningitis," by Dr. Moffatt, was also read and similarly disposed of.

Lastly, a volunteer essay on "Female Doctors," was read by your correspondent. The position was maintained that females should be admitted to the profession on precisely the same footing as males — the same standard of qualification being required, and the same facilities for instruction afforded to both. The paper was referred for publication, and a motion to append a note, stating that the Society does not endorse its sentiments was laid on the table by a small majority. Of course, it is not to be understood that the Society endorse a paper because they have it published, but I think a very liberal feeling was manifested toward female physicians. I was not a little chagrined to see in the *Cincinnati Gazette* of next morning, a notice that a paper had been read by me "*against* the recognition of female physicians," which paper was said to have been received with approbation.

The Society met this time for *work*, and no time was spent uselessly in entertainments. There was the usual play of wit and repartee. The corpulent host of the Palmer House rallied Dr. Kersey, the President, on his lean and pallid appearance. "*The Doctor had doubtless made a mistake, and taken some of his own medicine.*"

Presently the host went on to remark on his own fatness as an inconvenience, and wished he could in some way bring about a reduction of his corpulence. "*For that purpose*," gravely remarked the Doctor, "I should advise that you put yourself on a course of *your own victuals*." "Mine host" acknowledged himself second-best in the joke.

The Society adjourned to meet at the same time and place next year.

D. Clark, M. D.

Earlham College, Richmond, Ind., 5th mo., 25th, 1867

News and Miscellany.

Movement of the Population in France.

The *Moniteur* has just published a statistical report of births, marriages, and deaths in France during the year 1864, from which it appears that the population of France has increased from 37 millions in 1861 to 38 millions in 1864. During that year the births exceeded the deaths by 145,550, an increase, consequently, of 0.38 per cent. The average term of life in this country is estimated at about 37½ years. Longevity among females is greater than among males, and also greater in the country districts than in towns. In the marriage list there is a marked decrease. In 1864 the number of marriages contracted amounted to 299,579, a considerable falling off from preceding years, notwithstanding the increase of population. The average age of woman at the time of marriage is below that of man. The difference is more striking in Paris and country towns than in villages. With regard to mortality in France, it appears that rather more than a fifth of the male children born die within the first year of their birth, and another fifth before their twentieth year. About a half reach 30 years, a fourth 65 years, a fifth from 65 to 70 years. Among female children the proportions are different, about one-sixth dying within the first twelve months, and so on in proportion.

To Clean Steel Pens.

When the pen has been written with, and appears spoiled, place it over a light (a gas, light for instance) for a short time, say a quarter of a minute, then dip it in water, and it will be fit for use. Also, any new pen which is too hard to write with, will become softer by being heated in the same way.

—— About Smoking. Napoleon never smoked; and Goethe says, that a man of true genius cannot cultivate both sciences and his pipe together. There may be a few illustrations exceptions; but they only prove the correctness of the rule.

—— Pompeii. One of the latest discoveries reported from the excavations, is that of a bronze vase hermetically sealed, and containing a considerable quantity of water, which was pronounced clear, fresh, and remarkably soft, after its repose of 1800 years.

—— Fish from Artesian Wells. Sir Charles Lyell, in a new edition of his "Principles of Geology," notices the discovery of fish in some of the Artesian Wells sunk in the desert of Sahara. They were brought from the depth of 175 feet, and were not blind like those of Adelsburg, but had perfect eyes.

—— The mastodon remains, from Cohoes, N. Y., are to be mounted at Albany, by Mr. Gilbert, of Rochester, the Legislature having appropriated $2000 for that purpose, and to make further explorations.

—— Dr. D. H. Henry, of Bradford, Iowa, and Dr. E. H. Davis, of Waterloo, Iowa, have been appointed Pension Examining Surgeons.

—— It is stated that a journal is projected, to be entitled the *Journal of Cutaneous Medicine*, and which is to be edited by Mr. Erasmus Wilson, and Dr. Tilbury Fox.

—— The Senate of the University of London have recommended the institution of a department in which intending veterinary practitioners may submit themselves to progressive examinations, to be followed by the award of exhibitions and prizes, and by marks of honorable distinction.

—— When Dr. Zimkerman went to attend Frederick the Great in his last illness, the King said to him, "Doctor, you have helped many men into the other world." "Not so many," replied Zimmerman, "as your Majesty, nor with as much honor to myself."

[*Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.*]

MARRIED.

Brehm—Wogan.—May 28th, at the Lutheran Parsonage, Harrisburg, Pa., by Rev. G. F. Stelling, S. H. Brehm, M. D., of Newville, Pa., and Miss Beckie Wogan, of Manchester, Pa.

Comfort—Randall.—May 23, at Zion Church, New York, by the Rev. Samuel G. Appleton, John E. Comfort, M. D., of Sandy Hill, Washington county, New York, and Lucy A. Randall, daughter of the Hon. S. S. Randall, of New York.

Gibbons—Prime.—May 22, at the Church of the Holy Apostles, New York, by the Rev. Dr. Howland, Dr. T. P. Gibbons and Harriet, daughter of Frederick Prime, of New Rochelle.

Haigh—Wells.—In New York, May 26, by the Rev. Stephen H. Tyng, Jr., Thomas Haigh, M. D., and Emma F. Wells, all of that city.

Huston—Read.—In this city, on the 20th inst., by the Rev. Walter Mitchell, Rector of St. Mark's Church, Fullerton A. Huston, son of the late S. C. Huston, M. D., of West Philadelphia, and Adelaide S., eldest daughter of Z. Read, M. D., of Mount Holly, N. J.

Tibbals—Selden.—On Tuesday, May 14th, at the M. E. Church, Franklin, Ohio, by the Rev. Flodoardo Howard, M. D., of Washington City, Dr. Wm. F. Tibbals, of Cincinnati, and Miss Fannie L. Selden, of Franklin.

Todd—Westfall.—At Baldwinsville, N. Y., May 22, 1867, by Rev. John F. Kendall, John E. Todd, M. D., and Eleanor A. Westfall, all of Baldwinsville.

DIED.

Sturdevant.—At Rome, N. Y., on Wednesday, May 29, Louisa Stephens, wife of Dr. James N. Sturdevant, aged 58 years.

Vache.—At Harlem, N. Y., on Monday, May 27, Emma Jane Currie, relict of Alexander F. Vache, M. D.

Waller.—May 22d, of peritonitis, Dr. John W. Waller, of Gainesville, Ala., aged 61 years.

"And so he giveth his beloved, sleep."

In his death, our community has lost a skilful and humane physician, society a genial and courteous gentleman, the Church a devout worshipper, and the profession a valued counsellor. S.

Wood.—In this city, on the morning of June 4th, Mrs. Caroline H. Wood, wife of Dr. George B. Wood, aged 62.

OBITUARY.

Jobert de Lamballe.

Antoine Joseph Jobert de Lamballe, the celebrated French surgeon, died in Paris about the 1st of May. He was born at Lamballe, in the Department of Cotes-du-Nord, in 1799, and during his long and brilliant career as a practitioner and professor in the French capital, won a reputation hardly surpassed by that of any physician in the world. He was surgeon in ordinary to the first Napoleon, succeeded Magendie in the Academy of Sciences, and was named, in 1849, commander of the Legion of Honor. He was the author of a number of important works on surgery, among which may be mentioned his "Theory and Practice of Surgical Disorders of the Intestinal Canal," a treatise which received a prize from the Institute; "Studies on the Nervous System;" "Treatise on Plastic Surgery;" and "Researches on the Texture of the Uterus," a branch of physiology to which he devoted especial attention. For the last eighteen months before his death, his mind had been affected, and one of his last actions was a singular exhibition of insanity. A poor man came to him at the hospital with a sore finger. The great surgeon looked at it intently for a moment, and then burst out into a loud voice, "The arm must come off immediately. We have thirty-two methods of amputation—the Polish, the Turkish, the English, the German, and many others. Away with you to the amphitheatre. I shall be there in one moment, and will take off that arm, either straightways, or slanting, or lengthways, or by a single blow. Away with you, I say. Lay yourself down on the operation-table, and I will do the job myself." He rushed away, leaving the patient pale and gasping with terror. Presently, the clang of the great bell which summons the students to witness an operation, brought the whole of the young men to the spot, but Jobert de Lamballe had already exhausted that emotion, and leaving the bell, had rushed across the courtyard to his carriage, into which he jumped with the activity of a squirrel, and having directed the coachman to drive to the Place de la Concorde, got out and insisted upon stripping to bathe himself in the fountain, which, by the way, was covered with ice just then. A crowd of *gamins* soon collected round him, but he was recognized almost immediately, and the state of the case being evident, he was coaxed away to Dr. Blanche's establishment at Passy, where he died, without ever once recovering his reason, or recognizing any one of his friends who went to visit him. His funeral was attended by over a thousand of the medical men of Paris.

METEOROLOGY.

May,	20,	21,	22,	23,	24,	25,	26.
Wind.....	N. E.	N. E.	W,	N. W.	W.	S. W.	S.
Weather....	Cl'dy. Rain.	Cl'dy. Rain.	Cl'dy. Sh'r.	Cl'dy.	Clear.	Cl'dy.	Cl'dy. Rain.
Depth Rain..	6-10	5-10	3-10				9-10
Thermometer.							
Minimum.....	45°	46°	48°	43°	42°	48°	50°
At 8, A. M.....	52	52	56	64	57	58	68
At 12, M.....	58	52	64	63	63	67	70
At 3, P. M.....	59	54	65	62	64	68	71
Mean.....	53.50	51.	58.25	58.	56.50	60.25	64.75
Barometer.							
At 12, M.....	29.9	29.9	29.6	29.9	30.1	30.	30.

Germantown, Pa. B. J. Leedom.

MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.

The Eighteenth Annual Session will be held at the city of Pittsburgh, on Wednesday, June 12th, 1867, at 4, P. M.

Secretaries of County Societies are requested to forward lists of delegates, and their roll of officers and members immediately to

WM. B. ATKINSON,
Permanent Secretary,
215 Spruce Street, Philadelphia.

Delegates to the next meeting of the State Medical Society, to be held in Pittsburgh, on Wednesday, June 12th, at 4, P. M., are notified that arrangements have been made with the following railroad companies for commutation of fare, viz., Pennsylvania Central, Pittsburgh and Connellsville, and Allegheny Valley.

The Society will meet in Lafayette Hall, corner of Wood and Fourth streets.

Delegates will report for registry, etc., at the Committee of Arrangements' room in the Hall, (entrance on Fourth street,) and if possible, before the hour of meeting.

A promenade concert and entertainment, by the Allegheny County Medical Society to the State Medical Society, will be given in Lafayette Hall, on Wednesday evening, commencing at 5, P. M.

By order of Committee of Arrangements of Allegheny County Med. Soc.,

536 H. T. COFFEY, Secretary.

REAL ESTATE COLUMN.

NOTICE.—The Partnership between Drs. BRINTON and BUTLER has been so arranged that the proprietorship of the REPORTER remains solely with Dr. BUTLER, in whose name the business management will be conducted. Dr. BRINTON will continue as Assistant Editor.

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REMOVAL.—DR. D. HAYES AGNEW, removed from 16 North Eleventh Street, to 1611 Chestnut Street.

ALBANY MEDICAL COLLEGE.

The next Course of Lectures in this College will commence on the first Thursday in September, and continue sixteen weeks.

Materials for dissection are abundant, and furnished to students on as reasonable terms as at any similar institution in the country. A spacious Hospital has been opened nearly opposite the College, to which students are admitted free of charge.

Clinical Lectures are delivered in the Hospital three days in the week. Surgical Clinics are held regularly in the Hospital and College.

The Chemical Laboratory is open throughout the year.

PROFESSORS.

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JAMES McNAUGHTON, M. D.,
Theory and Practice of Medicine.
JAMES H. ARMSBY, M. D.,
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J. V. P. QUACKENBUSH, M. D.,
Obstetrics and Diseases of Women and Children.
JACOB S. MOSHER, M. D.,
Chemistry and Medical Jurisprudence.
S. OAKLEY VANDERPOEL, M. D.,
General Pathology and Clinical Medicine.
JAMES E. POMFRET, M. D.,
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This globe has a cord (silk or linen,) attached through a silver wire staple, for self or easy removal. It has the advantage over other pessaries, as a comparative small globe, by its lightness and slightly yielding when in contact with blood heat, lodges in the cul de sac in ordinary cases, and elevates the uterus to its normal height, *above* the walls of the vagina, enabling them to regain their former strength; the Ligaments contract, and establishes again a free circulation to carry off the inflammation. In procedentia it succeeds of larger sizes, but a smaller can often soon be substituted. Copious and protracted menstruation often becomes regular from its use in the first period. The pain in the back and great bearing down pain, usually leaves very soon after its introduction. It is positively demonstrated, that suffering from displacement seems inclined to leave on a true support.

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HORACE WILLIAMS, M.D.

The Philadelphia Summer School of Medicine will begin its fourth term on March 1st, 1868, and students may enjoy its privileges without cessation until October.

The Regular Course of *Examinations* and *Lectures* will be given during April, May, June, and September.

FEE, $50.

OFFICE STUDENTS will be received at any period of the year; they will be admitted to the Summer School and to the Winter Examinations, and Clinical Instruction will be provided for them at the Pennsylvania, Philadelphia, Episcopal, and Children's Hospitals. They will be given special instruction in the Microscope, in Practical Anatomy, in Percussion and Auscultation, in Practical Obstetrics and Pathology. They will be enabled to examine persons with diseases of the Heart and Lungs, to attend Women in Confinement, and to make Microscopical and Chemical Examinations of the Urine. The Class Rooms, with the cabinet of Materia Medica, Bones, Bandages, Manikins, Illustrations, Text-Books, Microscope, Chemical Reagents, etc., will be constantly open for study.

WINTER COURSE OF EXAMINATIONS will begin with the lectures in the University of Pennsylvania in October, and will continue till the close of the session.

SURGICAL DISEASES OF WOMEN. A Course of Lectures will be delivered by H. LENOX HODGE, M. D., on Displacements and Flexions of the Uterus; Inflammation of the Uterus; Polypi; Fibrous Tumors and Cancer of the Uterus; Inflammation of the Ovaries; Tumors of the Ovaries; Ovarian Dropsy; Sterility; Vesico-Vaginal and Recto-Vaginal Fistulæ.

PERCUSSION AND AUSCULTATION in Diseases of the Lungs and Heart, will be taught by JAMES H. HUTCHINSON, M. D., by Lectures, and by the Clinical Examination of Patients.

The Society of the Medical Institute meets once every month, and essays are read and medical subjects discussed by students.

Candidates for admission to the Army or Navy, and those desiring promotion to a higher grade, may obtain the use of the Class Rooms, and be furnished with private instruction.

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The undersigned will receive students for office and hospital instruction, and give a practical course in the treatment of uterine diseases in the Obstetric Clinic, where, at all times, there are from twenty to thirty patients under observation.

Instruction (general,) . . . . $120 for one year.
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We would also, make known to the profession, that, having made preparations for the reception of female patients from abroad, we will undertake the treatment of any uterine cases that may be entrusted to our care. Such patients will be provided with good boarding houses, be especially under our protection, and be treated at our office with our private patients.

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E. N. CHAPMAN, M. D., Prof. of Obstetrics.
ALEXANDER J. C. SKENE, M.D., Physician,
In the Long Island College Hospital,
529—t.f. Brooklyn, N. Y.

TO PHYSICIANS.—At the request of several members of the profession, DR. HORATIO R. STORER, will deliver a private course of twelve lectures upon the TREATMENT OF THE SURGICAL DISEASES OF WOMEN, during the first fortnight of June, at his rooms in Boston. Gentlemen attending the course, will be required to show their diplomas. Fee $50. Hotel Pelham, Boston, March 29th, 1867. 528—t.f.

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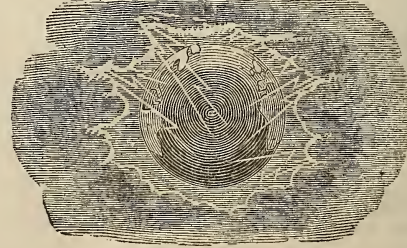

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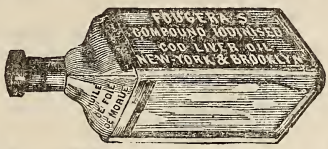

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Each dragee, or each teaspoonful of syrup contains 2 grains citro-ammoniacal pyrophosphate of Iron.

DOSE.—4 to 8 grains, 3 times a day, before meals.

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This syrup is composed of *Watercress, Scurvy Grass, Horse Radish, Peruvian Bark,* and IODINE. It acts as a tonic, stimulant, diuretic, deobstruent and a powerful depurative remedy. It is an old, but highly esteemed preparation, daily prescribed in Europe and South America for *Swellings of the Glands, Rickets, Lymphatic and Scrofulous Affections, Chronic Rheumatism, and for Cutaneous and Syphilitic Diseases.* It is invaluable for lymphatic and debilitated children.

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THE

MEDICAL AND SURGICAL REPORTER.

No. 537.] PHILADELPHIA, JUNE 15, 1867. [Vol. XVI.—No. 24.

Original Department.

Communications.

ARSENICUM.

By Jos. Adolphus, M. D.,
Of Hastings, Mich.

The therapeutic value of this agent is as extensive as it is neglected. Though much has been written from remote periods until the present time, concerning arsenic, yet but few are willing to acknowledge its nervine power. As a remedial agent, it stands high as a nerve tonic. Its influence upon the sympathetic system is as marked as possible, while its tonic powers over the protein tissues is not to be disputed. Its power over the vasa motor nerves is different from that of other agents. While it appears to act upon them so as to control the size of the calibre of the vessel, it at the same time appears to act upon the tissues themselves, exalting their vital capacity. The influence of arsenic in small doses, such as the 1-15—1-30 grain, is certainly stimulant. So far as this property is concerned, it appears to heighten the sensibility of tissue by increasing the activity of its nerves. If arsenic is administered in conditions of the system marked by high nervous sensibility and irritability, very deleterious results follow. Or when an active sthenic condition prevails, all the symptoms are made worse by arsenic. The influence of this agent upon nutrition is not altogether brought around through the nervous system.

It may be safely alleged, that when arsenic is absorbed in minute quantities and conveyed to the tissues, that it acts upon the elementary molecules, and through its stimulating tonic effect, awakens inward activity, and causes a greater exchange of nutritive fluids and a more extensive metamorphosis of tissue. It is not unusual to find that a large excretion of urea, occurring in a state of depressed nervous force, with asthenia as a leading element, is made to yield to arsenic; this I have repeatedly observed. It may with safety be affirmed that the derangement of nutrition inducing the above conditions is more or less dependent on the exhaustion of molecular force, independent of the nervous system, and allowing a high-toned condition and partially uncontrolled metamorphosis to occur. The influence of arsenic in controlling this depression of nutritive force is of great value.

Thus, a man, æt. 36, was attacked with great languor and depression of spirits. He became pale and emaciated, and his appetite soon failed him. He complained of aching of the lumbar region, which on pressure was really sensitive and tender. His tongue was broad, pasty-white, and tremulous, and he complained of a dreadful feeling in the cardiac region, which led him to suppose that he would die suddenly at no distant day. When he consulted me, I found his pulse 98, soft, weak, and compressible, and the heart's action feeble, and the sounds low. His lungs were correct. His bowels very irregular; costiveness would end in severe diarrhœa. I immediately ordered him Fowler's solution, f.℥j., tr. iodine, gtt. q. s., but an excess of arsenic. He commenced with five drops three times a day, and a daily increase of one drop till twelve drops were taken, and to return to eight drops, and go to twelve drops, and so on. In three weeks he was very much better. When I first saw him, he was excreting six and a half grains of urea per pound weight of his body, which was 123 pounds. In three weeks it fell to four and three-quarter grains. All his symptoms were very materially improved, especially the cardiac. In sixteen weeks he was well, and weighed 187 pounds. But he took J. C. Baker's cod oil during the last thirty-eight days. There was no sugar in his urine.

Arsenic in 1-20-grain doses does exercise a most charming effect on the uterus of some females. There are cases of menorrhagia in certain nervous women that are really perplexing and vexatious to treat, harassing both the physician and the patient. In these cases the uterus is seldom free from a bloody discharge; at others the menorrhagia occurs every two or three weeks. The woman is pale, and has a smooth waxy look, though she is not really emaciated. The skin is

soft, feels cold and non-elastic, and retains its wrinkles a long time after being pinched. It is unnecessary to describe these cases, as no physician of any experience has failed to meet them, more or less.

In the cases in which there is an atonic or asthenic condition of the nervous system, arsenic works wonders.

Thus, a lady, æt. 40, mother of seven children, has suffered from menorrhagia for nearly six years, and regards her constitution as entirely broken-down. She had been confined to her bed for nearly a year, in consequence of the frequent recurrence of her menorrhagia. Pulse 80, soft and weak, quite compressible. Heart's action weak. Tongue broad, pale, and red at tip. Complains of much frontal headache. Abdomen large, patulous, and of a doughy feel. Uterus tender. On examination by speculum, os and neck broad and long, quite sensitive; no inflammation or ulceration. Complains of a great deal of pain in back, which is weak and quite sensitive to pressure. Temper more pleasant than otherwise, though often overcome by despondency and melancholy. Ordered Fowler's solution, f.ʒj., bromine, gtt. q. s., dropped in so as to have an excess of arsenic. Dose, gtt. iv. three times a day, and to increase one drop every two days. In thirty days she was able to leave her bed, and in forty, rode out three miles. Menorrhagia much reduced. In three months it was less than one-fourth its usual quantity, and the attacks were further apart. The arsenic was now reduced to one drop three times a day, and cod-oil added. In four months she was well. This woman had been treated by every description of doctors, and had swallowed barrels of medicine.

The power of arsenic over the nerves of sensation is no myth. Here it acts as a true nerve tonic through its stimulant influence, enabling the nerve tissue to appropriate more nutriment.

Thus, a lady, æt. 33, consulted me for a severe hyperæsthesia of the stomach and rectum. She complained of a severe and long-continued aching pain in the stomach soon after taking meals, but worse after dinner, especially in dull cloudy weather. The contents of stomach would grow acid, and vomiting would occur sometimes. Whole abdomen is so tender as to cause her to flinch when pressed on, which tenderness extends to the dorsal region. She complains of a dull aching pain in the anus and rectum, of sharp stitches in her side when she coughs or sneezes, or suddenly sighs. Skin cool. Pulse regular and normal. Urine copious and light-colored, sp. gr. 10.20. Says that the pain in her stomach makes her feel fidgetty, and sometimes dreadful. Ordered her Fowler's solution, gtt. x. ter die. Continued twenty-six days, when she complained of her eyes being weak; lids were a little puffed. Suspended arsenic for three days, and commenced with gtt. iv., ter die, and to increase one drop every third day up to gtt. x. Continued so for two weeks, when her stomach symptoms began to yield. She complained of her eyes again. I then put her back on gtt. iv., and kept her there for three weeks, when she could take food with a great deal of comfort. Two weeks more found her free from her dorsal and rectal pain. I now put her upon cod oil with the arsenic, and she steadily improved, and was cured in four and a half months.

A woman, æt. 37, in robust health, and while nursing her infant of ten months old, and for which she had a large abundance of milk, in fact more than the child (which was robust and hearty) could take, foolishly took half a teaspoonful of Fowler's solution that her brother was taking for a rebellious quotidian ague with success, "To try it," as she said. This was at 4, P. M. The next morning she found her breasts soft and flaccid, and entirely dry! This large dose caused no serious constitutional symptoms further than a little nausea and some slight vertigo.

A boy, æt. 13, who had suffered much from quotidian ague, was brought to me in consequence of an enlarged spleen. He was pale, but not emaciated. His skin was cool, soft, and flaccid; tongue sharp and clean; bowels regular; urine free. I ordered him Fowler's solution, f.ʒj. bromine, gtt. q. s., so as to have a slight excess of arsenic. Dose, gtt. ij. three times a day. He took this six weeks, and was cured. His cheeks grew red, his blood got rich with red discs.

The sympathetic system controls the glandular system and its secretions. The power of arsenic over this system of nerves primarily, and secondarily on the glands and their products, proves it to be a most valuable agent in all cases where the glandular organs are out of order. But it must be borne in mind, that a highly irritative sthenic condition of the nerves of sensation stands in the way of its successful use, because of its stimulating powers. When the spinal system of nerves have a tendency to become hyperæmic and irritable, arsenic never does good. When that system is weak, depressed, and suffering from exhaustion, arsenic does a great deal of good. A depressed cerebro-spinal system calls for arsenic, to which it is a tonic. The above condition will

cause anemia through reflex action on the sympathetic system, which latter, in turn, through depressed nerve influence, on the lymphatic glands.

Arsenic, like opium, exercises its stimulant qualities in minute doses. Its union with the protein compounds causes quick tissue change. But if the dose be carried too far, it produces its toxic effect, because it causes destruction of tissue too fast, and arrests nervous force by disorganizing nervous centres.

ELEPHANTIASIS.

By James B. Burnet, M. D,
House-Physician, Bellevue Hospital, N. Y.

Of tropical diseases, none is more terrible than elephantiasis Græcorum, or as it is also called, lepra Arabum. James Robinson, Esq., Superintendent of the Insane Hospital at Calcutta, has written a paper on this subject, in which he makes two varieties of the disease, one characterized by loss of sensation in the extremities, the other by tubercles, called elephantiasis tuberculata. Dr. Whitelaw Ainslie, who, in his able essay, has probably given us the most reliable information we possess upon this fearful disorder, and to whom we are indebted for most of our statements here, does not agree with Mr. Robinson's division, and himself has never met with a genuine case of the disease which has not displayed both of these features. Galen tells us, that in his time this disease was very prevalent in Egypt. In India it is now much more prevalent than anywhere else. Here it spares no classes, although attacking the poor more frequently than the rich. It does not often occur before puberty, but when it does attack a young person, it has a dwarfing effect upon both mind and body. It most generally makes its unwelcome appearance about the age of twenty-five, and not very often in persons older than forty.

Symptoms. As the victims of this loathsome disorder sometimes find their way to the United States, it may be both instructive and interesting to give the symptoms in full, as described by that accurate observer, Dr. Ainslie, in his own graphic language. Before doing so, however, we will remark that the first case we ever met with was in Bellevue Hospital about two years ago. The patient was a young man about twenty-eight years of age, and in him the disease was far advanced. Most of the joints of the fingers and toes having been penetrated by an ulcerative process, the extremities had already fallen off. All we could glean from him of his former history, was that he was a native of the West Indies, and had been nursed, when a babe, by a negress. We were unable to watch the case, as he could not be persuaded to remain in the hospital. A few days since, we saw a case in the insane asylum on this island of Curacao, in which the patient was a woman, with joints swollen, and the phalanges on the point of falling off.

"The unhappy person fated to perish by this slow but relentless affliction, first perceives an unusual dryness and slight roughness of skin in hands, feet, arms, and legs, which, even after violent exercise, do not transmit the perspiration readily; he begins to fall off a little in his appetite, and to be much troubled with flatulence and other signs of indigestion, but he is as yet not ill enough to be alarmed, and pursues his customary occupation; his sleep, soon after this, in place of being refreshing to him, as it used to be, is disturbed by wild dreams, and he frequently during the night starts up in a fright, with a palpitating heart and sense of suffocation. About six weeks or two months from the time of his first being taken ill, his color begins to change; if he was rather a fair man, he grows at least two shades darker, and his features lose much of their natural aspect, becoming somewhat tumid, and less agreeable than formerly. The dryness and roughness of skin increase, and about the end of the third month he complains of a strange numbness in his hands and feet, which he can allow to be pinched without feeling pain; his pulse, which was most likely always feeble, will, if felt, be found to be extremely languid, small, nay, at times scarcely to be perceived. The aridity and unevenness of skin now extend further, reaching as high as the middle of the arm and leg; indeed, the cuticle over the whole body seems rigid, harsh, and to have entirely lost that smooth and healthy look which it had before the lepra made its primary attack. About this period, many dark-colored spots and purple tubercles usually appear on the ankles and wrists, and partially on the legs and arms; they are in shape not unlike segments of ripe currants, but flatter at the top, and of a singular shining and oily aspect; they are not attended, however, with any pain, neither are they particularly itchy, which in truth they could not well be, when we consider that they are subsequent to the want of feeling which I have above described. Some of the tubercles occasionally disappear suddenly and return again, without evident cause; others generate a small quantity of ichorous matter, which,

drying, occasions a trifling scurfy desquamation. At this stage of the malady, I have met with one or two cases in which glandular swellings at the upper and inner part of the thigh made their appearance, similar to those mentioned by Dr. Adams; but, as far as I can learn, this is by no means so constant a symptom of the disease in India as it seems to be in Madeira. The leprosy advancing, the tubercles increase in size and number, and seizing on the face, render the infected person a most unsightly object. It must here be remarked, that up to this period, the breast, abdomen, and back either remain tolerably smooth, or the tubercles are comparatively much fewer upon them; they are, moreover, smaller in size, nor even on these parts do they occasion much white desquamation, the natural consequence of their greater vitality. About the end of the first year every symptom is much aggravated; the dryness and rigidity of skin become universal, are distressing in the greatest degree; the numbness has extended to above the knee, and is so great, that the poor sufferer may, through inadvertence, burn his hands or feet to the bone without perceiving it; the surface of the whole frame assumes a bright yet unctuous appearance; when narrowly examined, it looks wrinkled longitudinally, and not unfrequently feels, in those parts where feeling remains, as if stung with nettles, rising up into wide-spreading irregular bumps, which come and go. The skin about the wrists and ankles, where the tubercles have scaled off, has a scurfy appearance, and here and there a raw excoriation may be perceived, the consequence, perhaps, rather of chafing than ulceration. The countenance alters still more; the cheeks grow bloated and puffy, and are studded, if I may so say, with irregular dark protuberances; the muscles of the forehead enlarged, seem as if pushed downward; the eyebrows, thickened and swollen, hang over the eyes, which being in every instance inflamed and rheumy, and having been made to look rounder by the pressure from the neighboring parts, resemble those of some wild animal; the lobes of the ears are rough, knotty, and misshapen; the tongue is foul, and is in some cases blistered with tubercles, which bleed; the breath is fetid; the voice sounds unpleasant; the urine is plentiful and generally turbid, having a most unnatural odor; the bowels are irregular; the hairs of the head gradually fall off; the parts of generation shrink; the nails break and waste away; the fingers and toes seem as if they were withered, the former bending inward as if cramped, and the heels and soles of the feet are disfigured by deep fissures. The disease gradually going on, and the humors of the body becoming, from impeded transpiration and general stagnation, daily more corrupt; the voice, which was but six months before only unpleasant, owing perhaps to tubercles on the uvula and palate, has now a most discordant, nasal, and unnatural sound; the alæ nasi are swelled and scabrous, and the bones themselves of that organ are in certain cases flattened, and twisted in some degree to one side, giving to the countenance a distorted look. A most offensive ichor now distils from the nose; neither rest nor food tend to refreshen or invigorate, and all carnal appetite, in place of being increased, as some authors imagined, entirely dies away. In this condition, with many of the grand functions which support life deranged, it may easily be imagined that existence must be a state of misery; and the conviction that there is no hope whatever of recovery, makes the wretched leper still more an object of pity.

"In the advanced state to which I have brought, in description, the lepra Arabum, as it appears in India, the malady will sometimes continue for several years, apparently having come to an ultimate stand; but, alas! with declining years, is sure to come progressive misery; every symptom is finally rendered worse; the already ugly become loathsome; on the most trifling motion the respiration is hurried, and the dyspnœa is most tormenting, owing in all probability to the perspiration being obstructed over so great a part of the surface of the body, and the certain accumulation of morbific humors; when any exertion is used sufficient to excite diaphoresis; the only parts that perspire are the neck and a little around the waist; the face, legs, arms, and thighs are thereby merely rendered clammy, and the tubercles on them turgid. At this time a feverish attack comes on regularly every evening, which may be discovered by the increased heat of the axilla, and the eyes assume that dim but brassy appearance so properly noticed by Aretæus; pulsation is no longer felt anywhere but by pressure over the heart itself; the whole frame is emaciated, the face is frightful to behold, the voice sounds hollow, as if from the tomb; the hands and feet now, from long want of due nourishment, begin to give way; partially blistered-looking ulcerations taking place over their joints; they gradually drop off, and so add helplessness to misery and long-protracted calamity. Soon after this stage comes the last closing scene; worn out by lingering and hopeless wretchedness, dead almost to every feeling of body as well as mind, the poor leper hastens

to his grave; yet cadaverous as he is, he is not deserted in his expiring moments, but finds a humane and charitable support from the more prosperous of his race. If a Pariah, he is taken care of by those of the same rank till death comes to his relief; if a Hindu or Mohammedan, he is cherished by the individual benevolence of his sect or caste; and having been conveyed to the vicinity of some pagoda or mosque, breathes out his dying prayer on what he conceives to be sacred ground."

Such is elephantiasis unchecked by treatment. It differs, however, in different constitutions. While in the feeble and poorly nourished, it will run to its most fearful extent, in the better classes it will be much retarded in its frightful march. It is extremely doubtful whether this disease is at all *contagious*. The native doctors deny any infectious quality. Dr. AINSLIE also doubts whether it possesses any contagious property. He gives as instances the cases of three Europeans who died of this disease, and neither their wives or servants were similarly afflicted. That it is *hereditary*, however, there is no doubt—children born after it has made its appearance in their parents are very liable to be attacked by it. Mr. STEWART, who has studied the disease at Tranquebar, where it is very common, furnishes us with the following observations:

"1st. That women are less liable to suffer from elephantiasis than men.

"2d. That the disease is most certainly hereditary.

"3d. That its being in any degree contagious is extremely problematical.

"4th. That every leper, suffering from an advanced stage of the malady, doubts whether he is capable of propagating his species.

"5th. That a fish diet is found to render every symptom worse.

"6th and lastly. That poor living, want of cleanliness, mendicant misery, and exposure to cold and damp, are but the too constant attendants of this dreadful affliction."

Pathology. Of this we know but little. Dissection does not throw much light upon the obscurity of the subject. Dr. AINSLIE, says, "I have observed in such cases the *heart* to be usually small, and the *arterial system* altogether shrunk and collapsed; the *liver* I have in one or two instances found indurated, and the *gall-bladder* for the most part distended with viscid and very dark-colored bile; the *contents of the abdomen*, had, generally speaking, an unusually pale and wasted appearance; the *bones*, when laid bare, were dry and brittle; the *testicles*, in one or two instances, were almost entirely obliterated; and on opening the *head*, it has appeared to me that there was a more than ordinary determination of the blood to the membranes of the brain."

Treatment. All exciting causes must be carefully avoided. When the disease is actually formed, there is no hope of a *cure*. In the early stages, Mr. ROBINSON believes that the prognosis may be favorable. Mercury, antimony, and topical stimulants are the remedial agents in which he places most reliance. He also gives from six to ten grains, every eight hours, of *rad. asclepiæ giganteæ*. This medicine was discovered by Mr. PLAYFAIR, who describes it as "a vegetable mercury, specific in the cure of lues venerea, leprosy, and cutaneous eruptions in general, the most powerful alterative hitherto known, and an excellent deobstruent. In all affections of the skin, I have found it very effectual; and in the jugaru or leprosy of the joints, I have never failed to heal up all the ulcers, and often have produced a perfect cure."

The remedy is not admissible in pustular eruptions. Some depend upon sarsaparilla, other native doctors give the white oxide of arsenic. Dr. AINSLIE pays great attention to building up the general health of the patient. He sometimes makes a cautious trial of the oxymuriate of mercury, in conjunction with warm bathing.

"But," he says, "of all the alterative and deobstruent remedies employed by the native practitioners of India in this complaint, none is of equal repute with the concrete milky juice of the plant called by the Tamools *Yercam* (Asclepias Gigantea); it exudes from the leaves and tender shoots on being pricked, and has, at first, somewhat the appearance of cream; but on drying becomes a little darker colored, and has a rather nauseous and acrid taste; it should be given in proper doses, twice daily, together with a little sulphur, and continue for some weeks."

Curacao, West Indies, April 10, 1867.

INTERESTING CASE OF TALIPES EQUINO-VARUS.

By GREGORY DOYLE, M.D.,

Of Albany, New York.

I send you a brief report of the following case and its treatment, hoping it may prove of interest.

Mary McK——, of Cortland Co., New York, aged 14 years; born of healthy parents. Had always enjoyed good health and the perfect use of her limbs, until about seven years ago. At this time her right leg and thigh became partially

paralyzed; a supposed consequence of her being exposed to a draft of air while sleeping near an open window. The external muscles of the leg became almost completely paralyzed, while the the internal or flexor muscles retained their normal contractility, which rapidly produced a condition of the foot known as talipes equino-varus. She was brought to me in October last, when I for the first time saw the case. I found the entire limb atrophied and about two inches shorter than its fellow. Below the knee the leg was unusually cold and undeveloped. The foot, which had almost lost the characteristics of such a member, was so completely displaced, that she walked, with the aid of crutches, on its dorsum, the external malleolus touching the ground at each step, and the sole of the foot looking upward. The gastrocnemius muscle was so strongly contracted that the heel had become almost obliterated.

Having placed the patient under the influence of chloroform, I divided the tendo-Achillis subcutaneously.

The external wound, which was but slight, healed kindly in three days, at the end of which time, by using a little force, I brought the foot so near its normal position, that if she were standing she could place its entire outer edge on the ground. I then found the flexors longus digitorum and longus pollicis, also much contracted, but instead of dividing their tendons, I proposed to restore them to their normal length by a somewhat novel method. I caused to be made a splint one fourth inch in thickness and the size and shape of the sole of her shoe. This I fastened to the sole of the foot by means of strips of adhesive plaster around the foot, which pressure served to extend the contracted plantar facia. Over the whole I placed a roller bandage, which was continued to within four inches of the knee. At the outer edge, and also at the anterior extremity of the splint, to levers two inches in length, which were attached to the splint at the points above mentioned, were fastened two strong pieces of elastic webbing. They were made tense, and secured to the outer aspect of the leg just below the knee by means of adhesive plaster and roller, thereby steadily and continuously counteracting the contracted muscles, tendons, and ligaments of the opposite side of the foot and leg. This treatment was persevered in for three months, at the end of which time the foot was almost completely restored to its normal position. She is now enabled to walk comfortably with the slight assistance of a cane.

The leg and foot, which were before cold and flabby, have resumed their natural warmth and are rapidly becoming more developed.

For the last few years, I have been accustomed to rectify the malposition of children's feet, by applying strips of adhesive plaster around the foot and up the side of the leg in the same manner as that described by Dr. Quimby, in the March number of the "Reporter." But I claim no originality in the treatment of these latter cases, as it was taught me years ago, when a student in the office of Dr. Sayre, of New York. However, I do claim, that the application of the splint and levers to the sole of the foot, in connection with the elastic extension, is an improvement in the treatment of talipes, and original with myself, so far as I at present know.

The description of this case, in the absence of illustrations, is of necessity somewhat obscure. With this apology, I present it for what it may be worth.

DEFECTIVE AND IMPAIRED VISION,

With the Clinical Use of the Ophthalmoscope.

By Laurence Turnbull, M. D.,

Of Philadelphia.

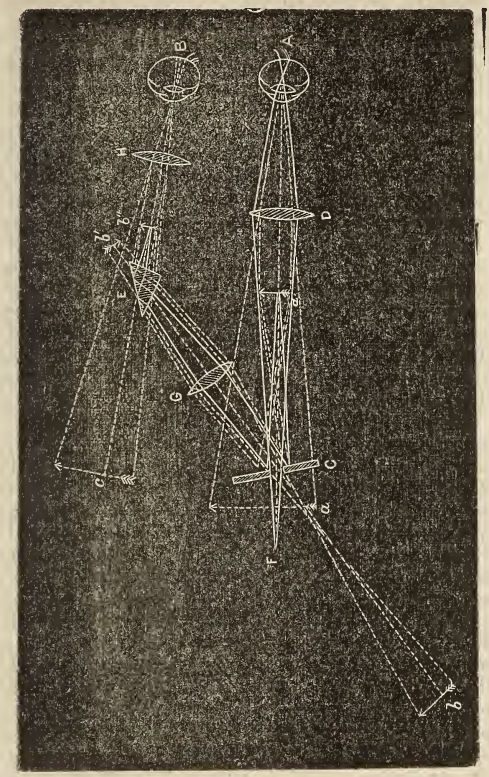
(Continued from page 304, vol. xvi.)

The Aut-Ophthalmoscope of Heymann affords to one eye a vertically-inverted image of the fundus of the other. Its operation will be readily understood by the annexed figure, from "Zander," which displays the arrangement necessary in order to examine the left eye with the right. "In front of the left eye, the flame of a lamp is placed at the point *F*, and between them a plane mirror, centrally perforated, with its reflecting surface turned toward the eye. From the point *F*, the rays pass through the opening of the mirror, and proceed, divergent, until they are intercepted by the lens *D*, which renders them convergent. Entering *A's* pupil, they meet, overcross, and form a dispersion circle on the retina. Returning, they would (*A* being accommodated for the flame *F*) be brought to their focus *a*, and would there form an inverted aërial image. By the influence of the lens *D*, however, this image is formed earlier, in front of the mirror at *a'*. From it rays diverge to the mirror, and are reflected by it, still divergent in a direction, as if they came from an image at *b*. Passing through the lens *G*, the rays again become convergent, and would unite in an image at *b'*. They are, however, intercepted by the hypothenuse of a right-angled prism of flint-glass, *E;* and are so refracted by it that their image is formed at *b''* in front of the right eye *B*. By the interposition of a lens *H*, this

image is magnified; that is to say, the rays diverging from it to the eye *B*, are refracted as if they came from *c*, in which position, therefore, *B* sees an enlarged, actual image of *A's* retina.

Of the manner in which this image is inverted, will be explained at another time.

Fig. 6.



By the arrangement shown in the diagram, it is manifest that only the inner or nasal side of *A's* retina could be brought into view. To see the other side, it is necessary to place a prism between *A* and *D*, with its base outward, and with such an obliquely and refracting power as may bring rays from the parts desired to be seen into the line of direction between *A* and *F*.

According to Dr. Carter, the various parts of Dr. Heymann's very ingenious apparatus are inclosed in a box, supported on a stand, and furnished with two ocular openings like those of a common stereoscope, and with the various screws and milled heads necessary for the purpose of adjusting the mirror, lenses, and prism. The side of the box that is undermost in examining the right eye, must be turned uppermost in examining the left; by which means the necessary reversal of the whole instrument is effected. It would be useless to describe here in detail the several mechanical arrangements, the purpose of which will at once become apparent when the instrument is taken in the hand. For use, it is necessary, in the first place, to adjust the distance between the ocular openings to suit the spectator, and then to place a brightly burning lamp behind the mirror. On looking into the apparatus, if the illuminated fundus be not in view, it must be sought by very gentle movements of the mirror and prism, and as soon as a trace of it is perceived, it will be easy to guide into the centre of the field of vision. This done, the lenses should next be moved so as to bring out the details of the picture."

CONTRIBUTIONS TO TOXICOLOGY.

By P. H. Vander Weyde, M. D.,

Late Professor of Chemistry and Toxicology at the New York Medical College.

(Continued from page 349.)

No. 2. Nitro-Benzole.

This substance is also obtained in the same way that gun-cotton, or pyroxylin, is made from ligneous fibres. The benzole from which it is made must not be confounded with the so-called benzine used by the house-painters, and obtained by distilling petroleum; the products of the distillation of the last substance belong all to the series: C_2 H_4, C_4 H_6, C_6 H_8, etc. Benzine is C, 4 H_{16}. Benzole, to the contrary, answers to the formula, C_{12} H_6. It was at first made from the gum benzoes, from which the name. It was afterward also obtained from coal-tar. When treating this benzole with fuming nitric acid, we obtain an oil resembling the oil of bitter almonds, also called oil of mirbane. The proper chemical name by which it goes at present is nitro-benzole.

It is a powerful narcotic poison, which sometimes, however, does not develop its poisonous action for three or four days. A small dose given to an animal usually kills, not in the first few days; in one case, even nine days elapsed before death occurred. The symptoms are drowsiness, convulsions, and coma, as verified in five cases where drops of nitro-benzole had been accidentally taken by the mouth. Four of the five persons died. One case is even recorded in England, when in 1860, a workman, handling a vessel with nitro-benzole, spilled a large quantity upon his apron. Not suspecting any evil effects, he breathed the vapor arising from the liquid on the apron. In four hours he began to feel unwell, and in nine hours he was dead.

Notwithstanding its smell like bitter almonds

and Prussic acid, it is seen to be entirely different in its chemical composition and origin. At present it is extensively used for scenting almond soap, and I have even found it in the bitter almond flavoring extracts used in the culinary department of our households; and cases have already occurred where symptoms of poisoning manifested themselves, the cook having used an unnecessarily large quantity of this substance for flavoring puddings.

In the same way as for the chemical treatment of a poisoning case with hydrocyanic (Prussic) acid or its compounds, has been recommended the use of a solution of green protosulphate of iron, in order to convert it into insoluble Prussian blue; so I would recommend as an antidote in a case of poisoning with nitro-benzole, weak acetic acid and pulvis ferri, in order to convert it into aniline, and to convert this aniline by weak chlorine water, to an insoluble and harmless aniline color. However, the stomach-pump should always first be used, if possible.

I will hereafter come back to this subject when treating aniline.

Hospital Reports.

Jefferson Medical College, *June* 1, 1867.

Surgical Clinic of Prof. Gross.

Reported by Dr. Napheys.

Scirrhus of Mammary Gland.

Mrs. J., æt. 53. This patient has a scirrhus tumor, immediately under the skin, just above the nipple of the left breast. The disease began nearly eighteen months ago. The nipple is depressed. This depression of the breast is more marked in scirrhus than in any other form of malignant disease; it is not, however, peculiar to carcinomatous affections, but occurs also in those of non-malignant character. The tumor is not apparently attached to the aponeurosis of the pectoral muscle, as is apt to be the case when the disease is in an advanced state. The pain is of a shooting, darting character, as it always is in scirrhus; not constant, gradually increasing with the progress of the disease until it ultimately becomes very distressing. There is no enlargement of the subcutaneous veins, which forms so characteristic a feature in encephaloid. The glands in the axilla are not increased in size. During the progress of malignant disease of the mammary gland, especially scirrhus, these glands always become involved. In the advanced stages of the affection, Prof. Gross has never seen an absence of this involvement. It is an untoward symptom, and when it exists in a great degree, it forbids interference with the knife. The condition of the sub-clavicular and supra-clavicular ganglions should always be ascertained. In this case there is no enlargement of the former, but one of the latter is increased in size. It is smaller, however, than it was observed to be a few days ago, from which fact, as well as from the absence of involvement of the axillary lymphatic glands, it is inferred that its enlargement has no connection with the mammary affection.

Considering all the circumstances of the case, the good health of the patient, her unimpaired strength, her good appetite, her undisturbed sleep, the very little pain she suffers, and the absence of involvement of the skin and lymphatic ganglions, it is a proper one for extirpation. And this is the only remedy which should ever be employed in a case of this kind. The escharotics which are employed by the charlatans who call themselves cancer doctors, cause a fearful amount of suffering, rapidly undermining the strength, and sometimes destroying the life of the patient notwithstanding the exhibition of anodynes. Neither can such applications with any degree of certainty remove all the cancerous substance, a portion is left behind which becomes the centre of a new growth, which generally rapidly increases in consequence of the irritation produced by the caustic. By means of the knife all of the diseased structure may, and should with scrupulous care, be removed.

This patient ascribes the growth of the cancerous tumor to the effect of a blow from a ball, thrown by a boy. Almost all cases of cancer of the breast are supposed by the patients to owe their origin to some blow or other injury. In very many instances, upon careful inquiry, it will be ascertained that the blow has had very little or nothing to do with the development of the disease. Now and then it can be traced distinctly to an external injury; but in a great majority of instances it arises without any apparent cause, and it is, generally speaking, a constitutional disease. Whether arising under the influence of external injury or spontaneously, it is usually equally malignant and ultimately liable to return.

The patient was placed under the influence of chloroform, and an elliptical incision made through the skin, including the nipple. The whole of the morbid mass was removed. An incision was made through the base of the lower flaps for the introduction of a tent to facilitate drainage. The edges of the wound were approximated by interrupted sutures and narrow adhesive strips fifteen inches in length. A compress and bandage were then applied. At the end of thirty-six hours, or sooner, if undue irritation takes place, these dressings will be removed and new ones substituted. If she suffer pain, she may take one-third or one-half a grain of morphia, and to-morrow a mild aperient will be administered.

White Paste which will adhere to any substance.

Make the following mixture: Sugar of lead, 720 grains, and alum 720 grains; both are dissolved in water. Take 2½ ounces of gum arabic and dissolve in 2 quarts of warm water. Mix in a dish one pound of wheat flour with the gum water cold, till in pasty consistence. Put the

dish on the fire, and pour into it the mixture of alum and sugar of lead. Shake well, and take it off the fire when it shows signs of ebullition. Let the whole cool, and the paste is made. If the paste is too thick, add to it some gum water, till in proper consistence.

Medical Societies.

ASSOCIATION OF SUPERINTENDENTS OF AMERICAN INSTITUTIONS FOR THE INSANE.

The Twenty-first Annual Meeting of the Association of Medical Superintendents of American Institutions for the Insane, was held at the Continental Hotel, in the city of Philadelphia, on Tuesday, May 21, 1867.

The Association was called to order at 10, A.M., by Dr. KIRKBRIDE, President.

The minutes of the last meeting were read and approved.

Letters were read by the Secretary, from Drs. Jos. Workman, Sawyer, Chipley, Van Nostrand, Delboef, Litchfield, and Harlow, regretting their inability to be present.

The following members were present:

Thomas S. Kirkbride, M. D., Pennsylvania Hospital for the Insane, Philadelphia.

John Fonerden, M.D., Maryland Hospital for the Insane, Baltimore.

Andrew McFarland, M. D., Illinois State Hospital for the Insane, Jacksonville.

Clement A. Walker, M. D., Boston Lunatic Hospital, South Boston, Mass.

I. Ray, M.D., late of Butler Hospital, Providence, R. I.

J. P. Bancroft, M.D., New Hampshire Asylum for the Insane, Concord, N. H.

R. L. Parsons, M.D., New York City Asylum for the Insane.

John B. Chapin, M. D., Brigham Hall, Canandaigua, N. Y.

Wm. P. Beale, M.D., State Lunatic Asylum, Austin, Texas.

D. D. Richardson, M. D., Insane Department of the Philadelphia Almshouse.

D. T. Brown, M. D., Bloomingdale Asylum, New York city.

Edward C. Fisher, M. D., Insane Asylum of North Carolina, Raleigh.

Jas. Rodman, M.D., Western Lunatic Asylum of Kentucky, Hopkinsville.

Wm. L. Peck, M. D., Central Ohio Lunatic Asylum, Columbus.

Benj. Workman, M. D., Ass't Med. Sup't Provincial Lunatic Asylum, Toronto, C. W.

Richard Gundry, M. D., Southern Ohio Lunatic Asylum, Dayton, Ohio.

R. Hills, M. D., West Virginia Hospital for Insane, Weston, W. Va.

J. A. J. Landry, M. D., Lunatic Asylum, Quebec, Canada.

Byron Stanton, M. D., Northern Ohio Lunatic Asylum, Newburgh, Ohio.

L. A. Tourtelot, M.D., First Assistant Physician, State Lunatic Asylum, Utica, N. Y.

J. H. Worthington, M.D., Friends' Asylum for the Insane, Philadelphia.

Pliny Earle, M.D., Northampton Lunatic Hospital, Northampton, Mass.

C. H. Nichols, M. D., Government Hospital for the Insane, Washington, D. C.

John Curwen, M. D., Pennsylvania State Lunatic Hospital, Harrisburg, Pa.

H. A. Buttolph, M. D., State Lunatic Asylum, Trenton, New Jersey.

J. A. Reed. M. D., Western Pennsylvania Hospital for the Insane, Dixmont, Pa.

Edward R. Chapin, M. D., Kings County Lunatic Asylum, Flatbush, N. Y.

A. B. Cabaniss, M. D., Mississippi State Asylum, Jackson.

Jos. D. Lomax, M. D., Marshall Infirmary, Troy, New York.

Charles E. Van Anden, M.D., Asylum for Insane Convicts, Auburn, N. Y.

Edward Jarvis, M. D., Dorchester, Mass.

Charles H. Hughes, M. D., State Lunatic Asylum, Fulton, Missouri.

S. W. Butler, M. D., late of Insane Department, Philadelphia Almshouse.

On motion of Dr. NICHOLS, the President appointed on the Business Committee Drs. Curwen, Worthington, and Stanton.

On motion of Dr. NICHOLS, the President was also requested to appoint the usual committees on time and place of next meeting, and on resolutions of thanks, etc.

Invitations were received from the Guardians of the Poor of the city of Philadelphia, from the Managers of the Pennsylvania Hospital for the Insane, and from the Managers of the Friends' Asylum, to visit the institutions under their charge, which were referred to the Business Committee.

On motion, a recess for fifteen minutes was taken.

The Business Committee reported that they would recommend that the Association visit the Insane Department of the Philadelphia Hospital at 3. P. M., on Wednesday, May 22; the Pennsylvania Hospital for the Insane, on Thursday, May 23, at 10, A. M., and spend the day and evening there; and the Friends' Asylum at Frankford on Friday, at 3, P. M., which recommendation was adopted.

The Secretary read a paper, prepared by Dr. HARLOW, on the question: Does the Urine necessarily Undergo a Change in its Composition in Persons afflicted with Insanity in any of its various forms? Which, after discussion, was laid on the table.

Dr. CURWEN, from the Committee on the Epileptic Insane, reported progress and asked to be continued, which was granted.

Dr. MCFARLAND read a paper on the Personal Liberty Law of Illinois, the Causes which led to its Enactment, and its Results, and after a free interchange of opinion by the members, the paper was laid on the table.

On motion, adjourned to 4, P. M.

The Association was called to order at 4, P.M., by Dr. KIRKBRIDE.

Dr. J. A. REED appeared and took his seat.

The President appointed on the Committee on

the Time and Place of next Meeting, Drs. Bancroft, Fisher, and Peck; and on the Committee on Resolutions, etc., Drs. McFarland, Fonerden, and Landry.

On motion of Dr. Rodman, Dr. Geo. Brown, of the Asylum for Idiots, Barre, Mass., and Dr. H. B. Wilbur, of the Asylum for Idiots, Syracuse, New York, were invited to take seats with the Association.

The Secretary read a paper prepared by Dr. Litchfield, of Kingston, C. W., on the Proper Provision for the Insane in South Australia, the discussion of which was postponed for the present.

On motion of Dr. Nichols, Dr. Wilbur was invited to read a paper to the Association.

Dr. Wilbur then proceeded to read a paper on Aphasia, and after a free expression of opinion by the members, the paper was laid on the table.

On motion of Dr. Nichols, it was agreed, that when the Association adjourns, it adjourns to meet at 10, A. M., to-morrow, Wednesday.

The minutes of the meeting were then read and approved.

On motion, adjourned.

Wednesday, *May* 22, 1867.

The Association was called to order at 10½, A. M., by Dr. Kirkbride, President.

Drs. E. R. Chapin, A. B. Cabaniss, and J. D. Lomax appeared and took their seats as members.

Dr. Walker stated to the Association that he had been requested by Dr. Langdon to express his regrets to the Association that he was unable to attend this meeting.

Dr. W., on his own behalf and that of Dr. Tyler, extended a cordial invitation to the Association to hold their next meeting in Boston.

Dr. Hills moved that the proceedings of this Association be hereafter published by the Association in pamphlet form, for the use of the members.

Dr. Worthington moved to amend by referring the whole subject to a special committee, to report at as early a period as practicable.

Dr. Rodman offered as a substitute, that this Association report, at its own expense, its proceedings in the *Journal of Insanity*.

On motion of Dr. Fisher, it was resolved that the whole matter, with the resolutions offered, be referred to a select committee, to be appointed by the President, to report at an early period, and that Dr. Earle be chairman of that committee.

The President appointed as the other members of the committee, Drs. Fisher and Rodman.

Invitations to visit the Pascal Iron Works and the Steam Boiler Works of Joseph Harrison, Esq., were received and referred to the Business Committee.

Dr. J. B. Chapin then proceeded to read a paper on Provision for the Chronic Insane Poor, and afterward, Dr. B. Workman also read a paper on Asylums for the Chronic Insane in Upper Canada, and after considerable discussion, the subject was, on motion, postponed for the present.

On motion, adjourned, to meet at 10 o'clock to-morrow, at the Pennsylvania Hospital for the Insane.

The members of the Association spent the afternoon in examining the arrangements of the hospital wards of the Philadelphia Almshouse, and also the wards of the insane department of the same institution.

Thursday, *May* 23, 1867.

The Association met at the Pennsylvania Hospital for the Insane, and was called to order at 10, A.M., by Dr. Kirkbride, President.

Dr. Chas. E. Van Anden appeared and took his seat.

On behalf of the Managers of the Pennsylvania Hospital for the Insane, Dr. Kirkbride extended a cordial welcome to the members of the Association

The minutes of the last meeting were read and approved.

An invitation was received from C. Cope, Esq., President of the Academy of Fine Arts, to visit that Institution.

The Committee on the Time and Place of the Next Meeting, through Dr. Bancroft, reported that they had decided to recommend as the place of next meeting, Richmond, Va., and the time, the third Tuesday of May, 1868.

Dr. Nichols moved to amend by substituting Washington for Richmond, and Dr. Walker moved to substitute Boston.

A recess was then taken for a short time. On reassembling, it was resolved first to fix the place of meeting, and then the time, and on a vote being taken, Boston was decided on as the next place of meeting, and the second Tuesday in June, 1868, as the time.

A recess was again taken, and under the conduct of Drs. Kirkbride and Jones, the members passed through and examined the very superior arrangements of the department for males.

On again reassembling, on motion of Dr. Walker, Dr. Ray was respectfully requested to read a paper prepared by him for the American Medical Association, as chairman of the Committee on Insanity.

The discussion of the proper care of the chronic insane was, on motion, postponed for the present, and Dr. Ray read to the Association his able and interesting paper.

On motion, adjourned to 3½, P. M.

Early in the afternoon the members proceeded to the Department for Females, and under the conduct of Dr. Kirkbride, visited all the wards and the other very excellent arrangements of the Hospital.

The Association was called to order at 5, P. M., by the President, Dr. Kirkbride.

Dr. Edward Jarvis, Dorchester, Mass., appeared and took his seat.

The discussion of the care of the Chronic Insane was postponed for the present.

Dr. Earle, from the Committee on Reporting the Proceedings of the Association, offered the following resolutions:

Resolved, 1st. That for the present meeting, and in the future, it be the duty of the Secretary to procure a phonographic report of the proceedings of the Association.

Secondly. That after each annual meeting he shall forward a copy of said report for insertion in the *Journal of Insanity*, provided, that, before forwarding it for publication, every member shall have the opportunity to revise his reported remarks, and after its publication shall be supplied, at his own expense for paper and press work, with such number of pamphlet copies of the whole report, as he may order.

Thirdly. That in the revision of remarks, verbal alterations alone shall be permitted. No new matter, further than this, shall be introduced; but all or any parts of the matter as reported may be suppressed or condensed at the discretion of the Secretary.

Fourthly. The report shall be published, if published at all, as furnished by the Secretary.

Fifthly. That the expense of reporting the proceedings, and preparing them for publication, be defrayed by an annual assessment upon the members sufficient for the purpose.

Sixthly. That no reporter, other than the one employed by the Secretary, shall be permitted to sit in the meeting of the Association.

On motion, the report was considered by sections, and after several verbal alterations, was adopted, with the exception of the last section, which was rejected.

The committee were further instructed to ascertain the expense of providing for the publication.

Dr. CURWEN offered the following resolution:—

Resolved, That the President be requested to assign to each member some subject connected with the medical or moral treatment of the insane, and that the member, to whom such subject shall be assigned, be requested to prepare a paper to be read at the next meeting of the Association.

After a brief discussion the resolution was rejected.

The discussion of the proper care of the chronic insane was then resumed, and after considerable discussion the subject was postponed for the present.

On motion, adjourned to 10, A. M., Friday.

After adjournment, the members were entertained with a fine exhibition of the magic lantern, and also witnessed with great pleasure the performances in light gymnastics, in the beautifully arranged Gymnastic Hall, and spent the remainder of the evening sociably, at the residence of Dr. KIRKBRIDE.

Friday, May 24th, 1867.

The Association was called to order at 10, A. M., by the President, Dr. KIRKBRIDE.

Invitations were received to visit the Institution for the Deaf and Dumb, and the House of Refuge, and the Academy of Natural Sciences.

Dr. WALKER announced to the Association the death of Dr. C. H. STEDMAN, and, on motion, Dr. WALKER was appointed to prepare a memorial of Dr. C. H. STEDMAN, for the next meeting of the Association.

The minutes of the last meeting were read, and after some remarks, approved.

On motion, the vote fixing the time of the next meeting was reconsidered, and the time was changed to the first Tuesday in June, 1868.

Dr. W. B. ATKINSON, Secretary of the American Medical Association, and Dr. JOHN HART, of N. Y., were invited to take seats with the Association.

The discussion of the care of the chronic insane was then resumed. In the course of the discussion Dr. WALKER offered the resolutions presented by him last year, and Dr. LANDRY moved the reconsideration of the vote on Dr. Cook's resolution, offered at the last meeting of the Association, which was agreed to. After considerable discussion the subject was postponed.

On motion adjourned.

The Association spent the afternoon in examining the wards and grounds of the Friends' Asylum, at Frankford, under the conduct of Dr. WORTHINGTON, and returned to the hotel early in the evening.

Adjourned to meet at 10, A. M., Saturday.

The Association was called to order, at 10, A. M., by Dr. KIRKBRIDE, President.

The minutes of last meeting were read and approved.

On motion of Dr. WALKER, the resolutions presented by him were laid on the table.

The Chairman of the Committee on Resolutions presented the following report, which was unanimously adopted:

The Association of the Medical Superintendents of American Institutions for the Insane, about to conclude their twenty-first session, in the city of Philadelphia, desiring to express their obligations to the trustees of the various public institutions and private individuals who have honored the Association by their polite invitations and personal attentions, do

Resolve, That to the Board of Managers of the Pennsylvania Hospital, to the Managers of the Friends' Asylum, and to the Guardians of the Poor of the city of Philadelphia, the Association is specially indebted for opportunities to visit the various institutions under their respective control, and that we take pleasure in testifying to the gratification we have experienced in these visits.

Resolved, That the Association have been impressed with the continued and remarkable improvements made upon the previous superior excellence of the Pennsylvania Hospital for the Insane, which we find, as heretofore, to be the model institution of our country, and an example to those having official relations to similar institutions.

Resolved, That the Friends' Asylum is a most commendable refuge for those afflicted with mental disease, and that its management is still characterized by the same philanthropic spirit which secured for it in its origin and throughout its history hitherto, the confidence and earnest sympathy of a watchful and discriminating community.

Resolved, That the Insane Department of the Philadelphia Almshouse exhibits in its arrangements a disposition on the part of the Guardians of that institution to render it as suitable to its purposes as can be reasonably expected, though far behind some of the best arranged municipal and county institutions for similar classes of the insane.

Resolved, That the thanks of the Association

are due and are hereby tendered to the Directors of the Academy of Fine Arts, of the Academy of Natural Sciences, of the Institution for the Deaf and Dumb, and of the House of Refuge, as well as to Messrs. Morris, Tasker & Co., Mr. Joseph Harrison, and to other gentlemen, for invitations to visit their various institutions and manufactories, want of time alone preventing our acceptance of their courtesies.

Resolved, That to Messrs. J. E. Kingsley & Co., proprietors of the Continental Hotel, we are largely indebted for the liberality and courtesy which have secured us unusual conveniences for our meeting, and that we cordially thank them for such consideration.

On motion, the Secretary was directed to furnish the parties referred to, and also the press, with a copy of the above resolutions.

Dr. Ray then related to the Association the case of John Kingsland, indicted for murder in Bradford Co., Pa.

Dr. Nichols, also related the circumstances connected with the history of Mary Harris, since her trial.

On motion of Dr. Walker, it was resolved, that the project of a law be assigned as the first business of the next meeting, and that the Secretary notify the members of that fact in the regular notice of the meeting.

On motion of Dr. Nichols, it was resolved, that the Secretary, when giving notice of the time and place of next meeting, be requested to urge on members the importance of prompt attendance at the organization, and of remaining with the Association till the close of its sessions.

On motion of Dr. Gundry, it was resolved, that the President of this Association may at each meeting of this body, appoint a standing committee to report at the succeeding meeting the progress made during the interval in providing accommodations for the Insane upon this continent, their extent, and (wherever practicable) the plans of such buildings; and Dr. Gundry was appointed said committee.

On motion of Dr. Brown, it was resolved, that Dr. Van Anden, Superintendent of the Asylum for Insane Convicts, be requested to prepare for presentation at the next annual meeting, a statement of the provisions of the law of New York, for the disposal and care of persons acquitted of crime on the ground of insanity, and of the practical operation of any laws of that State affecting insane convicts.

On motion, the Association adjourned to meet in Boston, Mass., on the first Tuesday of June, 1868.

John Curwen, M. D.,
Secretary.

The Crawford County (Pa.) Medical Association.

The Crawford County (Pa.) Medical Association, met in Titusville, on the 3d inst., and a permanent organization was effected by the election of the following officers: President, Dr. Greer, of Adams; Vice-President, Dr. Wm. Varian, of Titusville; Recording Secretary; Dr. W. Church, of Meadville; Corresponding Secretary, Dr. David Best, of Meadville. About sixteen members of the profession were in attendance from different parts of the county. Drs. Greer, Church, and Moody were appointed delegates to the State Convention, which assembles in Pittsburg on the 12th of June. The County Association will hold its regular meetings quarterly, at Titusville and Meadville alternately.

MEDICAL SOCIETY OF IOWA.

The Medical Society of the State of Iowa met at Davenport, on Wednesday, May 22d, the President, Dr. J. W. H. Baker, in the chair.

The delegates were welcomed in an address by Dr. T. J. Saunders, of Davenport.

Minutes of last meeting read and approved. Gentlemen present not members, and medical students, were invited to sit.

At the afternoon session, the President, Dr. Baker, delivered the Annual Address, the subject being, "The Science of Medicine not an exact Science."

The following gentlemen, on the report of the Board of Censors, were admitted as members: Drs. J. W. Graham, E. H. Hazen, M. Marbourg, C. Roundy, and J. Olshausen, of Davenport; Dr. N. S. Smith, of Marshalltown; Drs. A. C. Moon, and J. C. Shrader, of Iowa City.

An invitation to visit the Soldier's Orphan's Home was accepted.

The Treasurer, Dr. Corcoran, reported the receipts of the past year up to the time of report, to be $216.50, inclusive of monies handed over by his predecessor, dues and initiation fees.

Report received and accepted.

The President stated, on the part of the Publishing Committee, that it was concluded that it was inadvisable at present to publish the proceedings of previous meetings of the Society.

Dr. Hughes thought the time had come when a medical journal should be published in this State; in fact it is now contemplated to resuscitate the medical journal formerly published at Keokuk, in connection with the State Medical College.

Second Day—*Thursday.*

At 9 o'clock, A. M., the Society met, agreeably to adjournment, the President in the chair.

Dr. Hughes, from the Committee on Nominations, then made a partial report, recommending that the Constitution be so amended, as to make the place and time of meeting subject to the action of each annual meeting.

The report was received, and the recommendation adopted unanimously, this being necessary, constitutionally, in order to be operative.

Dr. Hughes, from the same committee, made a further report, that the next meeting be held at Des Moines on the first Wednesday in February, which was adopted.

The Committee also presented nominations for officers for the ensuing year, and the meeting proceeded to ballot, with the following result:

President—Dr. William Watson, of Dubuque.

Vice-President—Dr. Edward Whinnery, of Madison.

Recording Secretary—Dr. A. G. Field, of Des Moines.

Treasurer—Dr. M. B. Cochran, of Davenport.

Corresponding Secretary—Dr. E. J. B. STATLER, of Marshalltown.

Board of Censors—Dr. A. S. Maxwell, of Davenport; Dr. G. L. Carhart, of Mt. Vernon; Dr. J. Williamson, of Ottumwa; Dr. A. M. Carpenter, of Keokuk; Dr. Fred. Lloyd, of Iowa City.

The new officers were inducted, and resolutions of thanks to the retiring officers passed.

Various standing committees were called upon for reports, and excuses for non-compliance rendered.

The Committee on Epileptic Convulsions was continued.

Dr. RICHARDSON, from the Committee on Meteorology and Medical Topography, read a paper upon the subject, treating of the matter generally, and containing a recommendation for the appointment of a committee with certain specified duties.

Upon this report an interesting discussion sprung up, in which Drs. Richardson, Hughes, Field, Watson, and Whinnery participated.

On motion, the committee was continued, with authority to follow the line recommended, and constituted as follows: Dr. Richardson, of Davenport; Dr. Taylor, of Keokuk; Dr. Field, of Des Moines; Dr. Hudson, of Lyons; Dr. Stapler, of Dubuque; Dr. Williamson, of Ottumwa; Dr. Harvey, of Burlington, and Dr. Shrader, of Iowa City.

Thursday Afternoon. At the time adjourned to, the Society again met, the President, Dr. WATSON, occupying the chair.

Several standing Committees were called upon to report, and reasons were assigned for non-compliance.

Dr. ILES, from the standing Committee on Cholera, presented a lengthy and able essay upon the subject, demonstrating that he had given the matter extensive research. Dr. WHINNERY then followed, with an excellent paper upon the same topic, prepared and transmitted by Dr. HARVEY, of Burlington.

The reports were accepted, and ordered to be placed in the hands of the Publishing Committee.

The standing Committee on Phthisic was continued; also Committee on New Remedies; also Committee on Necrology.

Dr. MAXWELL, from the Committee on Hypodermic Injections, read a paper in relation thereto, prepared with much care and ability.

The report was received, and referred to the Committee on Publication.

Dr. COCHRAN read a paper embodying the details of four cases of Cancrum Oris occurring in his practice, and the treatment instituted therefor. The attention of the professon was particularly called to the fact that the disease is liable to be confounded with salivation arising from excessive use of mercury. He stated that a recent instance of prosecution for mal-practice had been instituted against a respectable practitioner, by reason of evident misconception on this point.

The subject produced considerable remark; Drs. LLOYD, COCHRAN, SMITH, COWDEN, and BELL participating.

Without disposing of the subject, and Dr. BELL having the floor, on motion, adjourned till 8 o'clock, P. M.

Thursday Evening. At 8 o'clock, P. M., the Society met, the President occupying the chair.

Resolutions were passed complimentary to the management of the Soldier's Orphan's Home, under the superintendence of Dr. COCHRAN.

The paper read by Dr. COCHRAN at the afternoon session, on Cancrum Oris, was accepted, and referred to the Committee on Publication, without further comment.

Dr. WHINNERY, from the standing Committee on Vaccination, made a report of considerable length, which was listened to with marked attention and interest. The report was received, and referred to the Committee on Publication.

The Chair then announced the Standing Committees.

Dr. HUDSON, from the standing Committee on Anæsthetics, made a report, in which the respective merits of chloroform and ether, as agents, were ably discussed by Drs. FIELD, HUGHES, and others; also indicating the treatment, in case of threatened nervous depression arising from the use of anæsthetics.

The report was received, and referred to the Committee on Publication.

Miscellaneous business now being regularly in order, Dr. PECK offered the following, which was adopted:

Resolved, That the Committee on Publication be requested to confer with Dr. HUGHES in relation to the practicability of Publishing the proceedings of the Iowa State Medical Society, and that, providing a reasonable contract can be agreed upon, the committee are authorized to appropriate the requisite amount from the treasury of the Society, not exceeding one hundred and twenty-five dollars.

The Chairman then announced as follows:

Committee on Publication—Drs. Field, Williamson, and Carpenter.

The following resolution was offered and adopted:

Resolved, That a committee of three be appointed to report in detail to this Society, such subjects as they may deem of importance, for action at its next meeting.

Drs. Saunders, Hughes, and Watson were appointed said committee.

Resolutions preparatory to the next meeting of the Society at Des Moines, on the first Wednesday in February, 1868, were passed;—also of thanks for the accommodations and preparations for the present meeting.

Adjourned.

New Form of Antiseptic for Local Use.

The liquor carbonis detergens is recommended. It is an alcoholic solution of coal-tar, containing, we presume, the carbolic, phenic, and other acids, with dark tarry matter and differing from carbolic acid, as the liquor cinchonæ does from quinine. It readily mixes with water, forming a permanent emulsion, and in various strengths is available as a mouth-wash, a gargle, an injection for fetid uterine discharges, cancer, retained placenta, etc,. gonorrhœa in the female, foul ulcers, sloughing sores, and all maladies dependent in, or complicated by, parasite beings, lice, fungi,

etc. It is also used combined with soda.—*Med. Times and Gazette.*

Editorial Department.

Periscope.

Electrolytic Treatment of Tumors.

Now that electricity is rapidly gaining a secure and definite footing as a therapeutic agent, the following remarks on its surgical employment, by the distinguished Dr. Julius Althaus, will be read with interest:

In tumors, the electrolytic treatment acts in a threefold manner, viz.: through mechanical disintegration by the nascent hydrogen; chemical destruction by free alkali; and modification of nutrition by the dynamic effects of the continuous galvanic current on the vaso-motor nerves of the parts brought under its influence.

1. *Nævus.* Although nævus is not commonly dangerous to the patient affected with it, yet it entails a good deal of trouble and annoyance; and, being most frequently seated on the scalp and face, gives rise to great disfigurement. Moreover, it should be recollected that nævus is liable to be inflamed by disease or injury; that ulceration may ensue, exposing parts of its substance, and forming irritable and open bleeding sores, which rarely heal soundly. It is, therefore, generally desirable to have a nævus removed.

The very large number and the exceedingly different kind of operations which have from time to time been recommended for the cure of nævus seem to show that hitherto no method has proved entirely satisfactory in its results; for I expect it is in surgery as it is in physic—viz., that the larger the number of remedies recommended for the cure of a particular disease, the less is generally their actual value. I believe, therefore, that a method so safe and so successful as the electrolytic treatment will prove a positive boon to surgeons in the management of these tumors.

I will now relate the details of a case of nævus which was successfully removed by this proceeding.

1. *Case of Nævus of the Eyelid: Operation: Cure.* In July, 1866, Mr. White Cooper requested me to see with him a lady, aged 28, who had a congenital nævus of the right lower eyelid, of the size of a small pea, which it was thought desirable to remove. I expressed the opinion that this might be safely done by the electrolytic treatment, without hæmorrhage, and without subsequent inflammation, suppuration, or sloughing. We therefore met on the 23d of July, in order to perform the operation.

As the patient was of a highly sensitive constitution, chloroform was administered by Dr. Allan, of Hyde Park Terrace, the ordinary medical attendant of the lady. As soon as she was fairly under the influence of it, Mr. White Cooper introduced a needle connected with the negative pole of ten cells of the battery into the right half of the tumor; and I closed the circuit by placing a moistened electrode, connected with the positive pole, to the skin of the neck. The current was then allowed to pass for two minutes, after which the needle was withdrawn.

Not a drop of blood was lost, either on introducing or on withdrawing the needle. The patient recovered well from the chloroform, and said she felt no pain in the part that had been operated upon, but merely a slight stiffness. The right half of the tumor appeared shrunk and shrivelled up, while the left half had not been altered in any way. This was an interesting circumstance, as it showed that, even in such a small tumor as the one described, the action of the current could be exactly limited to that portion of it which was in contact with the needle.

We met again on July 26th, when the same operation was performed on the other half of the tumor; but this time the patient objected to the use of chloroform, and bore the trifling pain of the galvanism extremely well without it. I have not seen the patient since; but received, on October 13th, a note from Dr. Allan, in which he expressed himself as follows: "Mrs. —— is in the country; but, last time I heard from her, she said the nævus had disappeared. A dozen years ago I wished it to be removed, but no one would do it; and the able and esteemed oculist whom she then consulted deprecated all interference. At length I persuaded her to have another opinion (that of Mr. White Cooper). The result was your employment of galvanism, with the happy effect of complete obliteration of the evil."

What can be done with nævus can be done with many other tumors by the electrolytic treatment. I subjoin three other cases, the issue of which was equally satisfactory.

2. *Case of Papillary Growth in the Armpit: Operation: Cure.* A lady, aged 27, consulted me on November 21st, 1866, on account of a small papillary and highly vascular growth, which had first appeared in the right axilla since the commencement of 1865, and had somewhat rapidly increased in size during the last few months. It was one-third of an inch long, and one-fourth of an inch wide in its widest part. I introduced a needle connected with fifteen cells of the battery into the base of the tumor, and allowed the current to pass for three minutes. No chloroform or ether-spray was used. The current had not acted many seconds when a peculiar change was observed in the tumor, which lost its flesh-color and became quite white, as if it had been frozen. When the needle was withdrawn, circulation in the tumor had evidently quite ceased. There was scarcely any pain during the operation, and none at all afterwards; nor was any blood lost.

Nov. 23d. Tumor entirely shrivelled up, looking like a thin brown leaf just adhering to the skin. The operation was, therefore, not repeated.

Dec. 20th. The eschar fell off about a week after the operation. There is now no sign that there ever was a tumor, no scar, nor even redness of the skin, being perceptible.

3. *Case of Molluscum of the Right Eyelid: Operation: Cure.* A married woman, aged 32, was sent to me by Dr. Tilbury Fox on November

29th, 1866. She had a very hard globular sebaceous tumor, with a broad base, just under the right eyelid; its size was between a large currant and a small hazel-nut, and it had a dark point on the summit. The tumor disfigured the face considerably; and it somewhat interfered with the sense of sight, for the patient could not look straight at anything without feeling giddy. As the stratum of corium over the tumor appeared considerably distended, and as I was anxious that no scar should be left after the operation, I only used a current of five cells in this case on three different occasions, viz., on November 29th, and December 1st and 7th.

Jan. 10th. Nearly the whole of the eschar has come off, leaving a soft red surface. At the inner edge a small piece of tumor still adhered to the skin, for which I applied again a current of five cells for about one minute. Feb. 5th. No trace is now left of the tumor.

In this case the treatment lasted somewhat longer than usual, because I acted with very low power. The tumor might have been removed by a single operation; but then a scar, which is always an eyesore, might have been the consequence, which I thought it better to avoid, especially as there was no occasion for hurry.

I should add, that in this case, as in the others, not the slightest bad symptom arose during the progress of the treatment.—*Brit. Med. Journal.*

Narceine.

Narceine is coming into great fashion amongst the French to replace morphia. The dose generally given internally, is from a sixth to half a grain. At the outset it diminishes the pulse, but subsequently accelerates the pulsations. It does not seem to produce constipation, but rather a free action of the bowels. It is said to retard menstruation. Dr. Eulenberg prefers it to any other narcotic, and gives it in neuralgia, in painful affections generally, and articular diseases, iritis, cystitis, and orchitis, stating that it produces sleep, "which is soft, tranquil, uninterrupted, and followed by a quiet awaking." Narceine is reported to be preferable to morphia as a general rule, and to act effectually in those cases in which morphia fails.

Reviews and Book Notices.

Idiocy: and its Treatment by the Physiological Method. By Edward Seguin, M. D. New York: Wm. Wood & Co., 1866. 8vo., pp. 457. *Price*, $5.

If greatness of mental power be measured by the difficulty of the tasks it accomplishes, a high place ought to be awarded to those who have dealt successfully with the problem of the treatment of imbecility. And among these, no one probably has rendered service of more permanent value than Dr. Seguin. The work before us is far from his first, upon what appears, with him, to have been the study of a life-time. In 1839, his name appeared with that of Esquirol, in an account of their joint labors; shortly afterward in a number of original papers; and again in 1846, in a treatise upon idiocy, issued in Paris. The bibliographical list attached to Dr. Seguin's preface contains now the titles of forty-six works and papers upon the subject, which was a totally new one at the end of the last century.

To the general or medical reader, the most attractive part of Dr. Seguin's volume will perhaps be his introduction. In this he gives an admirable outline of the history, not only of the origin of the training of imbeciles, but of the scientific foundation of the modern theory or philosophy of education. Bonaterre, in 1799, wrote a philosophical notice of the "savage of the Aveyron;" whose education was undertaken and conducted with some success by Itard, of Paris. About the same time, J. R. Pereire applied his physiological studies to the object of teaching deaf-mutes to speak; in which he succeeded to the admiration of Buffon and others. Intimacy existing between this gentlemen and J. Jacques Rousseau, the latter imbibed the physiological theory of educational development, and embodied it, with some ideas of his own, in his famous book, Émile; to which an immense influence has been ascribed. Our author does not hesitate to trace to these men, as their real originators or discoverers, those principles of education applicable to *all* minds, which have been associated with the names of Pestalozzi, J. Paul Richter, and Herbert Spencer.

Hardly could any evidence be stronger, that no scientific inquiry or effort is unproductive, than this fact of the true theory of general education having been evolved out of endeavors for the trainage of savages, idiots, and deaf-mutes. The improvement and utilization of imbeciles are, however, aims of sufficient importance in themselves to receive the attention of able and devoted men. For these especially is Dr. Seguin's work designed; and it will be found to be full of valuable information and instruction.

Health of Providence, R. I.

There were 63 deaths in Providence during the month of May, which number was 14 less than in the preceding month; 5 less than in May, 1866, and 14 less than the average for May during the last twelve years.

The good health of the city still continues, and the mortality, compared with the actual population, is remarkably small.

There is also a remarkable absence of zymotic diseases as a class. The percentage of mortality of children is also usually small. In a word, there are no indications of an epidemic of any description.

Medical and Surgical Reporter.

PHILADELPHIA, JUNE 15, 1867.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

PROGRESS in the CONTROL of CHOLERA.

The science of medicine exhibits its power over disease, not so much in its cure, as in its prevention. It is in this field where her trophies are won. Not that there are not single combats with disease, in which the medical knight-errant bears off the palm of victory with high honor to himself and to the science of which he is a votary. But when the pestilence that walketh in darkness, and the destruction that wasteth at noonday, comes, he can do little more than labor to mitigate its horrors, and often sacrifices his own life in the vain effort to stay its course.

The preventive power of vaccination over small-pox, and quinia over intermittent and other fevers, are finding their counterpart in the influence of sanitary regulations in preventing cholera, and even in staying its progress when an epidemic has arisen. This has been shown time and again, but never more pointedly than during last year, both in this country and in Europe.

We know not what is in store for us this year in respect to an epidemic of cholera, but it becomes our profession to be earnestly active in making use of every expedient to prevent an outbreak of the disease, inasmuch as there are indications that one may come upon us. If we are prepared for it, the probability is that it will pass by, leaving us almost unharmed, otherwise it will surely claim its victims by the thousand.

Dr. Elisha Harris, the efficient and able Secretary of the Metropolitan Board of Health of New York, in a recent communication to the President of the Board, reviews at length some of the triumphs of science over cholera. After calling attention to the fact that since last fall the Asiatic cholera has been making progress in various countries, and both in Europe and America its smouldering infection has been rekindled in a few places, he says that important progress has meanwhile been made in the practical application of preventible sanitary measures to restrain and extinguish the epidemic.

After alluding to the labors and researches of many eminent medical men and sanitarians, he says:

"The grand conclusion of all the researches and all comparisons and analysis of experience respecting cholera, may be summed up in these homely words: Put out the sparks. Remove the local causes that increase and spread the epidemic. The fact that cholera is propagated and spread by an infective poison, which requires the aid of certain local factors, is fully established. That it is not contagious like typhus and small-pox, and that the infective property of the excremental discharges of the sick, and of persons that have been recently exposed in places infected by cholera, may be completely disinfected and destroyed by certain chemical agents, is the important truth which all classes of people should understand."

On the subject of disinfectants, Dr. Harris uses the following language:

"The employment of specific disinfectants of cholera excrement was commenced by us, in this country, at the Quarantine Hospitals on Staten Island in 1855. The first great lessons on the subject were taught by Dr. William Budd at the military barracks in Bristol, England, and by Professor Pettenkofer, at the Kaisheim prison in Bavaria, in 1854. Dr. Lander Lindsey, in a cholera hospital and in certain lunatic asylums in Scotland, added several facts to the same experience.

"Certain soluble salts of iron, viz., the sulphates and chlorides which possess the power of arresting certain kinds of fermentation and of destroying certain gases and products of putrefaction, continue to be the most trustworthy chemicals for the general purposes of disinfection. We first employed them in 1855 and 1856, because of their chemical qualities, and particularly because of the success that seemed to attend their employment by the great chemist, Prof. Pettenkofer. But these iron salts, and most other metallic salts, cannot be well used on the soiled clothing and bedding, nor do they act very permanently, for they may soak away, or may readily be changed into insoluble and inert substances. Hence, to meet the necessity for a powerful and most permanent and unchangeable antiseptic, resort is had to carbolic acid and the coal-tar compounds. Scientific chemists, and experimenters, and all well-informed sanitary officers now agree that saturated solutions of copperas and carbolic acid are at once the best and cheapest disinfectants that can be used against cholera.

"The Metropolitan Board of Health was, as I believe, the first sanitary body to provide for disinfection as an essential and distinct branch of sanitary service. Glasgow soon followed, and in Southampton and Bristol, in England, the business was, in July last, done by trained hands, and with marvellous success. St. Louis has just organized a perfect system of disinfecting depots and sanitary care in the twelve wards of that much-threatened city. In New Orleans, Nashville, Memphis, Chicago, and several other cities, the sanitary authorities are organizing the same good system. This system was first suggested by the Council of Hygiene in this city in October, 1865."

Of the immediate care of the sick and of the poor, Dr. Harris says:

"In every city that is now prepared to extinguish or prevent the epidemic, there has been

organized a system of medical relief and house-to-house visitation, to be ready beforehand for any event. St. Louis put its excellent system in operation soon after the first arrival of a cholera patient this spring from a down river town. The disease did not extend to half a dozen persons. St. Louis now is, and is likely to remain, one of the healthiest and safest commercial towns that one can visit in America, thanks to its Board of Health."

He then goes on to enumerate the different points where cases of cholera have occurred within the past few months, and closes his admirable letter by saying:

"These facts can be understood by our people without awakening anxiety or fear, for 'to be forewarned is to be forearmed,' and although there may be numerous cases of cholera imported from the South and elsewhere, and though there may be repeated outbreaks in the lower regions of the Mississippi, the means of sanitary protection are definite, ample and easily applied. But wherever, in places that are ready for the kindling of the epidemic, the true means of sanitary protection are not applied, the pestilence may yet make deadly ravages. The watchword of the Metropolitan Board of Health, 'Timely and active preventive measures,' should be adopted by every city and town to which the epidemic can come."

Of whatever sins of omission or of commission the Metropolitan Board of Health may have been guilty, we have this to thank them for, that they have, in theory, at least, urged the importance of using strict sanitary measures against disease, and thus set an example to the country that can be and is profitably followed.

Notes and Comments.

Journal of Psychological Medicine and Medical Jurisprudence.

Dr. WM. A. HAMMOND proposes to begin the publication of a quarterly with the above title on the 1st of July next. Each number will consist of 160 pages, printed in the highest style of the art.

The contents will embrace:

1. Original articles on the Physiology and Pathology of the Mind and Nervous System, and on Questions of Medical Jurisprudence.

2. Selections and Translations from Foreign Journals.

3. Reviews and Bibliographical Notices.

4. Chronicle of the Psychology and Pathology of the Mind and Nervous System, and of Medical Jurisprudence.

It will be the aim of the Editor to render the *Quarterly Journal of Psychological Medicine and Medical Jurisprudence*, not only valuable to the Medical, but also to the Legal Profession, and of interest to literary and scientific persons generally.

The subscription price will be FIVE DOLLARS *per annum*, payable on the receipt of the first number.

Medical Society of Iowa.

The extent of our circulation in Iowa justifies the somewhat full report of the interesting proceedings of the recent annual meeting of the Medical Society of Iowa, which appear in this number.

Gone to Europe.

This can be said of quite a number of our profession at this time. Some have gone, others are going. We understand that Prof. PANCOAST, of this city, is booked for the voyage, and there are probably others, of whom we have not yet heard. Dr. E. R. MAXSON, of Adams, N. Y., and Dr. THOMAS M. LOGAN, of Sacramento, California, have gone, the latter bearing a commission from the American Medical Association to the International Medical Congress at Paris.

The American Journal of Dental Science.

We welcome again to our table the old familiar face of this journal, which has been absent several years. In times past it was the mainstay, as it was, we believe, the pioneer of dental periodical literature. We trust it may resume its former position and influence. The initial number promises well. The old familiar names of A. SNOWDON PIGGOT, A.M., M.D., and F. J. S. GORGAS, A.M., M.D., D.D.S., appear as editors. It is published monthly, at $3 a year.

Union Medical Association.

A stated meeting of the "Union Medical Association of Philadelphia" will be held at the Hall, N. E. corner of Fourth and Green streets, on Tuesday, the 18th of June, at 9, P. M. The members of the profession are invited to attend.

Taking in Sail.

As an evidence of the pinching times we have been experiencing for the past few months, two or three medical journals have been obliged to suspend publication, while others, to avoid that contingency, have thought it best to take in sail. Among the latter is our old friend, the *Nashville Journal of Medicine*, one of the most independent medical journals published — a little too independent and sharp sometimes for its own good.

Persevere friends! Give us less or more *good sound medical reading*, but do not give up, ex-

cept where there are *too many* of you to thrive. With such a year of abundance as this promises to be, hard times cannot last long. The short crops of 1866 and no sickness are bearing hard on our profession, but time brings its compensations, and what is lost in one season is generally gained in the next.

Correspondence.

DOMESTIC.

Letter from New York.

Women Doctors.

Editors Medical and Surgical Reporter:

The discussions and articles on the Medical Education of Women, recently published in your journal, show unusual disturbance of the medical atmosphere in Pennsylvania. The waves reached even to Cincinnati, and brought resolutions on the subject, introduced by a delegate of Philadelphia. Perhaps it was well these were referred to the Committee on Medical Ethics after the opposition manifested, especially from the speaker who claimed to be "a friend of the ladies." It was surprising that he did not look more horror-stricken when he indulged in that flight of fancy, reported as follows: "Imagine a young lady, with gigantic chignon and garbed in silks, entering the charnel-house, and bending over a corpse, microscope in hand, searching for cancer cells, etc. etc." "Chignon" is not in Webster or Worcester; so we cannot realize his picture, nor escape from the conviction that it is something horrid, coupled as it is with the word "gigantic." French extraction, or a residence abroad may have contributed to make this an essential part of his ideal of a "lady garbed in silk." Let us hope, however, that your State Society will discountenance all "ladies" answering this description, who seek its approbation.

Perhaps your readers may be interested in hearing how the case stands in New York. The *Medical Register* for 1866, contained the names of not less than three women in its list of qualified physicians. No name there appears, unless its owner has received authority to practice from a source which the American Medical Association would unhesitatingly recognize, and unless there is strict conformity to its code of ethics. Do our physicians consult with them? Let facts answer. A recognized Institution in our city is "The New York Infirmary for Women and Children, and Woman's Medical College." It has a Medical Board. Drs. Willard Parker, Gustavus A. Sabine, Isaac E. Taylor, James R. Wood, Austin Flint, and Thomas F. Cock, are the Consulting Physicians. Drs. Elizabeth and Emily Blackwell, are the Attending Physicians. Dr. Lucy M. Abbot, is the Assistant Physician. According to the last *Medical Register*, from which these names are copied, several thousand persons have been properly cared for by the above board. Women have been at the Academy of Medicine, and although their presence caused a slight flutter, no one was hurt. Their good sense, in the opinion of the large majority of our profession, would lead them to other pursuits, but after all, they may be right. Not many years ago our public schools were taught exclusively by men; now women fill many of the most responsible positions, and show wonderful tact in managing unruly boys and girls. An experienced teacher once remarked to the writer, "they have more patience."

N. Y. County Medical Society.

Last evening Dr. John C. Peters enlightened our County Society on the subject of "*Hahnemann and Homœopathy.*" A large number were present. Dr. Peters was at one time a prominent homœopathist, having been the principal editor of the leading homœopathic medical journal; but several years ago he renounced that faith, and has recently been admitted to membership in our oldest Medical Society. The paper was mainly occupied with the consideration of the notorious system now declining. It would be very desirable to have heard more of the personal experience of Dr. Peters, and if he would inform the profession how Satan led him from the straight path, and how he escaped from the black darkness of his errors, light might come to other sinners. In haste, but more anon, from

Swan-quill.

New York, June 8, 1867.

Hydrocele Cured by Caustic.

Editors Med. and Surg. Reporter.

Mr. S., a stout hearty man, 40 years of age, applied to me six months ago for the cure of a large hydrocele of eighteen years standing, having been operated on repeatedly, with no success, at intervals of a year or two. Circumference of testicle eight inches, very hard, and not showing much transparency to light—a doubtful tumor, were it not for its history. A pill composed of half a grain each of calomel, camphor, and opium was given three times a day, for four days. An incision was made in the most dependent part of about an inch in length, and nitrate of silver applied with a rapid motion over the immediate

inner surface for an inch around the opening. Inflammation and suppuration, with slight constitutional symptoms ensued, and a permanent cure—testicle, smaller now at two months, than the other. H. L. W. BURRITT, M. D.

Bridgeport, Ct., March 20, 1867.

News and Miscellany.

The Medical Convention.

As this is the season of medical conventions, we copy the following verses from the *St. Louis Medical and Surgical Journal*, said to have been written "many years ago, by some cynical old fogy." Our readers may apply it to what convention they choose.

Once on a time some doctors thought
Of the quite bold invention,
Of getting into notice brought
By holding a Convention.

So to the fact without delay
They called the world's attention,
That there would be on such a day
A Medical Convention.

Then off they started for the place,
Which here I need not mention,
And ran a sort of Gilpin race
To get to the Convention.

When there, they made a sort of tether
To bind them to detention,
And held themselves three days together
In their so-called Convention.

They then began to talk *soft sawder*
And banish all dissension,
And rise and speak to points of order.
Like folks in a Convention.

They read some papers, talked about
Standards and school extension,
And no one had a single doubt
But 'twas a real Convention.

They had a supper then prepared,
And wines their thirst to quench on;
And everywhere the people stared
At doctors in Convention!

They had excursions here and there,
I should not fail to mention;
And ate and drank their legal share,
These men of the Convention.

Then homeward bound these doctors strut
Without an apprehension,
As to the figure they would cut
After their great Convention.

Were they not great men one and all?
Their greatness who could trench on?
Had they not answered to the call—
And gone to the Convention?

"You snarler! ask what we have done?
We did, Sir, our intention;
We ate and drank and had our fun,
And sat in a Convention."

Now though I neither would cajole,
Nor laugh, nor breed contention;
Yet the affair was on the whole,
A mighty poor Convention.

American Pharmaceutical Association.

Notice is hereby given, that the Fifteenth Annual Meeting of the American Pharmaceutical Association will be held in New York city, commencing at 3 o'clock, P. M., on the second Tuesday in September (10th), 1867.

A suitable room has been secured by the local secretary, in the University Buildings, on University Place, corner of Waverley Place.

Aside from the importance of the reports to be submitted, it may be of interest to the Association to know that several of our members, now abroad, will act as delegates of the Association to the International Congress of Pharmaceutists at Paris, August 21, and will return in time to be present at the session in New York.

A cordial invitation is extended to all engaged in trade or manufactures connected with pharmacy, to send specimens of their stock or products for exhibition during the session.

These may be sent to P. W. BEDFORD, Secretary of the American Pharmaceutical Association, University Buildings, New York city, notifications to that effect being addressed to him in advance, by mail, to 709 Sixth Avenue.

FREDERICK STEARNS,
President of the Amer. Pharm. Asso'n.

Detroit, May 15, 1867.

——Dr. CHANDLER BALCH BRAMAN, of Brighton, Mass., has been appointed by President JOHNSON, Assistant Surgeon, U. S. A., to date from May 14, 1867.

[*Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.*]

MARRIED.

BOWERS—GRISWOLD.—In Circleville, Ohio, June 4, 1867, by Rev. Mr. McMillen, Dr. E. Dillen Bowers and Jennie M., daughter of Dr. Wayne and Mary E. Griswold, all of Circleville.

CAMPBELL—HEARSEY.—At Bloomfield, N. J., by Rev. Samuel J. Evans, of Saco, Me., Thomas Pearsall Campbell and Catherine B. C. Hearsey, daughter of the late Dr. Isaac P. Hearsey, U. S. A.

OAKEY—SARGENT.—At Trinity Church, Boston, May 30, Daniel Oakey, of New York, and Ella, daughter of Dr. J. Howard Sargent, of Boston.

DIED.

ANNAN.—In Baltimore, June 6th, 1867, in the 24th year of her age, Emily, daughter of Dr. Samuel and the late Anne M. F. Annan.

BEECHER.—In New Haven Ct., June 4th, Susan J., wife of J. H. Beecher, M. D., and eldest daughter of the late Hoadley Bray, Esq., of East Haven.

EVERSON.—In this city, suddenly, on the 4th inst., Annie, wife of J. C. Everson, M. D., and daughter of Jacob Brown, aged 19 years.

MITCHELL.—Dr. James R. Mitchell, a prominent physician of Delaware, died at Milford a few days since.

PARKER.—At Tipton, Ind., June 2, in the hope of the Gospel, Mrs. Jane, wife of Dr. Isaac Parker.

SHIPPEN.—In this city, on the 6th inst., at his late residence, No. 1205 Walnut street, Dr. Wm. Shippen, in the 76th year of his age.

STEWART.—In this city, on Monday night, June 3d, Josiah Stewart, M. D., in the 75th year of his age.

WHITE.—In New York, June 6, at the residence of his son in-law, Marcellus Hartley, after a brief illness, S. Pomeroy White, M. D., in his 66th year.

OBITUARY.

J. P. Colgan, M. D.

At a meeting of the Southern Medical Society of Philadelphia, held June 3d, the following preamble and resolutions were unanimously adopted.

Whereas, Death has stricken from the roll of membership the name of Dr. J. P. COLGAN, it is proper and becoming that the Society place on record a notice of his death, and testify to the merits of the departed, the esti-

mation in which he was held in life, his intelligence and professional bearing, and his activity and usefulness as a member of this organization—therefore, in keeping with this propriety, it is but just to say of Dr. Colgan, that his general intelligence, the scope and liberality of his education, his intimacy with the literature of his profession, his close association with disease for more than twenty-five years, his ability accurately to observe and record the results of his observations, were well calculated to make him, as he was, alike highly useful in the ranks of his profession and at the bed-side of disease.

The active and intelligent zeal with which Dr. Colgan devoted himself to the advancement of the interests, especially the intellectual interests, of this Society, and his strict observance of the ethics of the profession, were such as to win for him the admiration and esteem of his associates, and to fully entitle him, now that he has passed away, to honorable mention. Therefore, be it

Resolved, That in the death of Dr. John P. Colgan, the Society recognizes fully the fact that the sick have lost an efficient physician, the community a useful and high-toned citizen, and this organization a most active, intelligent, and efficient member.

From the minutes.

H. Yale Smith, M. D., President.

Harry F. Baxter, M. D., Recording Sec'y.

Good.—Died, of latent pneumonia, at West Chester, Pa., Dr. James M. Good, in the 27th year of his age.

Few who fall in the ranks of the profession will be more deeply regretted by all their acquaintances than Dr. Good. He is another victim to the Peninsular Campaign, during which the seeds of disease were contracted which finally destroyed him. His widowed mother and many friends have the warmest sympathy of all.

METEOROLOGY.

May,	27,	28,	29,	30,	31.	1,	2,
Wind	S. W.	S.	S. W.	E.	N. W.	S. W.	S.
Weather	Clear.	Clear.	Clear.	Cl'dy. H'vy Fog.	Clear.	Clear.	Cl'dy. Rain.
Depth Rain							1 in.
Thermometer.							
Minimum	58°	57°	61°	62°	51°	49°	52°
At 8, A. M.	67	66	73	64	63	66	67
At 12, M.	69	78	84	72	65	73	71
At 3, P. M.	72	78	85	75	66	73	71
Mean	65.25	69.75	75.75	68 25	61.25	65.25	65.25
Barometer.							
At 12, M.	30.2	30.1	30.	30.	30.	30.2	29.9

Germantown, Pa. B. J. Leedom.

BACK VOLUMES OF THE REPORTER.

We can supply a very few more back volumes of the Medical and Surgical Reporter at $2 per volume *unbound*, or $3 *bound*, except Volumes 4, 5, and 12, which will be $3 each unbound, or $4 bound, and Volume 9, which will be $2.50 unbound, and $3 bound.

☞ Those wishing to complete their sets, should do so soon, as we are constantly reducing our stock, and the prices will constantly advance as the volumes become scarce.

Single back numbers ten cents each. Those wishing particular numbers should give the *whole number*, not that of the volume.

WANTED.

The following numbers of the Medical and Surgical Reporter are wanted at this office, for which we will give credit on subscriptions.

Vol. 4.—Nos. 181 & 188.
" 5.— " 207.
" 12.— " 398, 401, 402, 414, & 416.
" 15.— " 499, 502. 504 505, 507, 508, 509. 512, & 513.
" 16.— " 517, 524, 526, 527, 528, 529, 533, 534, & 535.

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OF

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THE

MEDICAL AND SURGICAL REPORTER.

No. 538.] PHILADELPHIA, JUNE 22, 1867. [Vol. XVI.—No. 25.

Original Department.

Communications.

OBSTETRICAL SHOULDER PRESENTATIONS.

By Edwin R. Maxson, M. D.

Having been engaged in the practice of medicine and obstetrics, more than in surgical practice, my thoughts, reflections, and observations, have, as a consequence, been more in that direction. And though my study has been *especially* on the practice of medicine, I have done a fair amount of obstetrical business, and have always felt a deep anxiety to understand all the advancements in obstetrical, as well as in medical science.

This preliminary explanation is mainly an apology for what I am about to offer, as the result of my observation, on *shoulder presentations*. And, as I propose to offer only *facts*, I trust I may be pardoned for presuming to present facts contrary to the opinions of obstetricians of the present, as well as of past times. And though I do not pretend to be possessed of half their wisdom, in relation to this subject, I do claim to have made a *discovery*, that may yet be of great value to all obstetricians who may be willing to avail themselves of its benefits, the particulars of which I will now explain.

About the first of January, 1863, while practicing in Geneva, N. Y., I was consulted by Mrs. ——, of that town, a Scotch lady, about thirty years of age, short, thick set, and robust. She stated that she was pregnant, and approaching her full time; and that her concern about her condition, depended upon the fact of her having borne three dead children, at full time, from shoulder presentations; her physician having told her that her peculiar *build* was probably the cause, making her fear that her next confinement would be attended with no better result. And I confess, that on a survey of her form, being so very large, and yet so short, I could not conscientiously give her any encouragement, that such might not be the case. Her physicians had very properly, in her three confinements, turned and delivered, the children being large and all born dead.

She requested my attendance, when her full time should come, and expressed a hope that I might do something to avert the sad result of her previous confinements, and save the child; the process of turning and delivery, as it appeared, though skilfully performed, having caused the death of the children, in consequence, probably, in part, of their large size. I dismissed her with a few words of encouragement, telling her that I would consider her case, which I did, in this wise.

Soon after this I was called by an eminent practitioner, in consultation, in the case of a *prolapsed cord*, in a first confinement, there being also an *abdominal presentation*, of course very high. The patient had been in labor five hours, and the membranes had been ruptured three hours, most of the water having drained off. To reduce or replace the cord, in this case, I placed the woman in the *position* first suggested, I believe, by Dr. T. G. Thomas, of New York; that is, upon her knees, with her face and shoulders down. In this position I very soon succeeded in passing the cord back into the uterine cavity. In fact, it readily slipped back, with the aid of very slight manipulations. But what impressed me most, in this case, was the fact, that the *position* of the patient, during the replacement of the cord, had corrected the presentation, rendering it perfectly natural. I say the position of the patient did this, from the fact, that the manipulation I resorted to, in putting back the cord, was so very slight, that I regarded the *position* of the patient, alone, as the cause of the very desirable result. I jogged the hips a little, however, which may have had a slight influence in correcting the presentation of the fœtus, as well as in the replacement of the cord. The labor progressed naturally, thereafter, as I learned, though the child was still-born, perhaps on account of the *time* the cord had been prolapsed.

I did not take to myself any credit for the correction of the presentation, in this case, as it was accidental, and unexpected; though we were not sorry for the result; and I treasured up the fact in my mind, as well as recorded it in my note-

book, from which I now draw the main facts, being determined, if possible, to turn it to account sometime, which I did in the following case, already referred to. On the 6th of February following, the husband of the lady first named, came about 10 o'clock at night, saying that his wife was to be confined, and asked my attendance. But as I had been up for two or three nights, I advised him to call my medical friend already referred to, with whom I held the consultation in the case of prolapsed cord, saying to him, that should any difficulty arise I would see her with him. To this he assented, and I went to rest, feeling that she had fallen into good hands, let what would come of it.

About 2 o'clock in the morning, I was called by the husband, saying, the doctor would like to see me, as there *was trouble*. The doctor informed me that he had a shoulder presentation, and that the water had drained off. I examined and found it as he had stated, the arm not being down. The doctor very properly suggested turning and delivery; but added, that as the child was evidently large, it would doubtless be lost, as the others had been. On a little reflection, during which I called to mind the case of mal-position with prolapsed cord I had so recently succeeded in correcting mainly by *position*, I suggested the *possibility* of correcting the presentation in this case by position and gentle manipulation; to which the doctor assented, saying it would do no harm, but thought it would not be successful. But feeling as I did a little *special* responsibility in the case, on account of having been previously consulted by the lady, I resolved, with the doctor's consent, to make the effort, which I did in the following manner:

I had her get upon her knees, on pillows, upon the bed, so as to raise her hips up well from the bed, her chest and face lying flat upon the bed, fetching the back at an angle, with it, of about forty-five degrees, the knees being a little apart; I then passed my hand, well smeared with lard, into the vagina, and with scarcely any effort, and without the least complaint, or evidence of uneasiness, on the part of the patient, crowded back, and of course *down* in her position, the shoulder, and slipping my hand between the brim of the pelvis and fœtal head, I spread out my fingers and brought or directed it, during a pain, to the superior strait; and then, retaining the grasp, we had her turn her hips down carefully upon her left side on the bed; when, after a pain or two, the head engaged in the superior strait, and we had a perfectly natural presentation, without having used the least violence, or apparently caused any pain or uneasiness to the patient; and all accomplished, I should judge, within from five to ten minutes.

The doctor being perfectly satisfied with the presentation, I left about 3 o'clock, A. M., and learned from him, that the labor progressed favorably, and terminated at 9, A. M., or about six hours after I left, the child being a fine plump boy of ten pounds, alive and well.

Now, the ease with which the hand is passed into the vagina and uterus, with the patient in this position, is wonderful, and will surprise any one that has never made the effort.

I have delayed reporting this case, except in the Ontario County Medical Society, up to this time, thinking that other cases might present themselves to me, whereby I might more fully test this method of proceeding in shoulder presentations. Such, however, has not been the case; and thinking possibly that I might not meet with other cases, I concluded to thus make a plain statement of the facts, which led me to the experiment; and also my firm conviction, from the result of this case, and from philosophic reasoning, that with this *position*, there need generally be no difficulty in thus converting a *shoulder presentation*, into a *natural* one; and that too, without necessarily subjecting the woman to any danger, from the slight manipulation required; or to scarcely any inconvenience even, thus rendering the life of both mother and child so much more secure than they can possibly be by turning and delivery in the usual way, however skilfully it may be performed. What I claim to have *discovered*, in this method, is the availability of the position suggested by Dr. T. G. Thomas for replacement of the prolapsed cord, in the conversion of *shoulder* into *natural* presentations. And I have thus stated, plainly, the circumstances which led me to that *discovery*, and the result. Should it be found, on further trial, to be an improvement, as I trust it will, I shall feel amply repaid for the little thought it has cost me. If not, I am confident that no risk of injury, to mother or child, need necessarily be incurred, in the efforts required to settle the question.

It is not pretended that this can thus be accomplished in all stages of labor, or conditions of the parts. But that in all *conditions* of the parts and *stages* of labor, admitting of turning and delivery, the presentation may be thus corrected, with much less difficulty, and with far more *safety to mother and child*. In fact, no danger need be incurred in the effort required to thus correct a shoulder presentation; while to say nothing of the danger of lacerating the uterus in turning,

all obstetricians are aware of the danger attending cases in which the feet present, or are brought down, as in turning, from pressure of the head on the umbilical vein and arteries, before its expulsion, producing, in many cases, the death of the child, from apnœa. For the greater *safety of mother and child*, then, I suggest a trial of this course, of proceeding, in shoulder presentations. And while I do not believe it can be accomplished, without the *position*, which really does most of it, I am confident that with prudence, and the exercise of common sense, no one need fail, with the aid of the position, in any case, stage, or condition of labor, that would admit of turning and delivery. And though the cases referred to may not be sufficient to establish this course of proceeding in shoulder presentations, I do claim, that as the principles are clearly philosophical, further *trial* is warranted, which may reject or establish the *rule*. And while I am disposed to look with suspicion upon new ideas that tend to change established practices, it is unquestionably our duty to adopt so much of that which is new and practical, as may tend to give greater security to those, who entrust their lives to our professional care.

TROPICAL HYGIENE.

By JAMES B. BURNET, M. D,

House-Physician, Bellevue Hospital, N. Y.

To an inhabitant of a cold or temperate climate coming into a tropical heat, the first year is particularly trying. Unless, indeed, he be well forewarned of the many dangers that surround him, and have discretion sufficient to exercise judgment in his every-day walk, he is peculiarly liable to fall a victim to disease, or to his own imprudence. In our own variable climate, there are many each year whose health requires them to seek warmer climates, and who need advice as to how they should act when they find themselves under southern suns. To their physicians they apply for counsel, and it is of the utmost importance that the advice they receive from them should be of the soundest kind. For the benefit, then, both of patient and of physician who may never have had an opportunity of studying much into this subject, and may never have seen the excellent essay that has been written upon it by Drs. JAMES JOHNSON and JAMES R. MARTIN, those sound authorities, we propose to give a brief summary of those distinguished physicians' treatise on "Tropical Hygiene."

It has been advised those who visit tropical climates to take the general outline of indigenous customs for their guide; but this cannot be done at once, as it takes time to learn these customs, during which time disease may come; and besides, many of the ways and manners of the natives are founded on ignorance and superstition, and should be discountenanced and done away with, rather than imitated. Other advice is for the stranger to imitate the conduct of his countrymen who have long resided in the land. But neither is this a safe rule, as long residence confers upon settlers immunities that the new comer cannot enjoy. By keeping in view, however, the two great fundamental rules of *temperance* and *coolness*, many dangers may be avoided. These are the grand principles of intertropical hygiene. As most of the diseases that are attributable to climate are due to the sudden application of cold after heat has had its full effect upon the frame, the great object then is to moderate the heat and to become habituated to the impressions of cold. We say *cold*, because often in tropical climates the changes in the temperature are both very sudden and great; and first in order, let us speak of

1*st. Dress.* The natives of tropical climates guard themselves most cautiously against the heat of the powerful sun. The *turban* defends the head from the direct rays of the sun, and the *cummerbund*, encircling the waist, preserves the important viscera of the abdomen from sudden changes of temperature. These both are highly worthy of imitation. As a substititute for the turban, a cotton handkerchief may be folded up in the hat, and moistened with water when there is much exposure to extreme heat. Where atmospherical vicissitudes are sudden, a piece of flannel worn over the bowels is of great service, especially in those whose bowels are at all tender. In the tropics, *linen* must be laid aside. *Cotton* is admirably adapted for the tropics, on account of its being such a slow conductor of heat. It is cooler than linen, as it conducts more slowly external heat *to* our bodies, and, when the atmospherical temperature sinks suddenly, the cotton abstracts more slowly the heat *from* our bodies, and thus preserves a more steady equilibrium. It, moreover, absorbs the perspiration with greater facility. *Flannel* is superior to cotton in those parts such as Ceylon, Bombay, and Canton, where, in a short space of time, the thermometer has a wide range. But it is inconvenient, on account of its heaviness, from its being such a very slow conductor of heat from the body; and often the spiculæ of flannel prove irritating and increase the cuticular discharge, where our great object is to moderate it. The

stranger arriving in the tropics is very apt to change his linen three or four times a day, on account of the abundance of the perspiration. But this is an injurious habit, as the perspiration, already in excess, is thus powerfully and morbidly increased. The linen, therefore, should not be washed at once, as it is not soiled, although wet, but should be dried and *worn again*, and this without any infringement of the laws of personal cleanliness. Linen, thus impregnated with perspiration, is much less exhausting than that fresh from the wash. This may appear trifling, but in reality is of great importance.

"Its rationale is in direct unison with the grand and fundamental object in tropical prophylactics—*to moderate, without checking, the cuticular discharge.*"

2d. Food. Great attention should be paid by a new comer to the tropics to the quantity and simplicity of his food. For the first year or two, there is a tendency to plethora, and hence nature guards against this evil by diminishing our appetites. Vegetable food is much better adapted to a tropical climate than animal, especially amongst strangers, as it excites less commotion in the system during digestion, and is not so apt afterward to produce plethora. It is a well known fact, that those natives who live almost exclusively on vegetables can stand much more fatigue than those who live more on an animal diet. The new comer should partake of a plain breakfast of bread and coffee, and avoid much indulgence in meats and fish. Dinner at one or two o'clock, and a cup of tea or coffee in the evening, will be found to agree much better than the late and sumptuous dinners so much in vogue in the tropics, which are particularly hurtful. There is an old Spanish saying, that oranges are gold in the morning, silver at noon, and lead at night. The general meaning of this is, that fruits should be eaten in the morning. They should be partaken of in limited quantities. Some fruits are more healthful than others. Mangoes are heating and stimulating, and apt to produce a pustular eruption, if freely indulged in. Pine-apples should be eaten with great care. Plantains and bananas are healthy and wholesome.

3d. Drink. A perfectly aqueous regimen in drink affords the stranger the best chances for avoiding sickness. Indulgence in liquor facilitates the attack, and renders more difficult the cure of the diseases of the tropics. Acids have been said to be injurious in hot climates, but this is probably only true where the alimentary canal and bowels are in an irritable condition. Cocoanut water may be freely used, but should always be freshly drawn. Of course, cold fluids should never be drank when the body is much heated and the perspiration abundant.

4th. Exercise. Active exercises during the heat of the day are particularly injurious and dangerous. As the cuticular and biliary secretions are already in excess, a perseverance in our ordinary exercise would prove highly detrimental. Still, as this excess leads to debility and diminished functional action, with a corresponding inequilibrium of the blood, we must counteract these tendencies by gentle exercise at proper times, such as early in the morning and in the evening.

5th. Bathing. Where there is no visceral obstruction, the cold-bath may be freely indulged in with impunity. This steels the frame against the dangers of atmospherical vicissitudes. It supports a natural and equable perspiratory discharge, and the hepatic functions partake of this salutary equilibrium, on account of the "cutaneo-hepatic sympathy" spoken of in our article on "Tropical Hepatic Diseases." In the morning and evening it is very refreshing, but should never be indulged in while the process of digestion is going on. Where any visceral derangements are present, the cold-bath would be injurious, and for it the tepid-bath should be substituted, taking care, however, to avoid a chill afterward.

6th. Sleep. The new comer into a tropical climate finds there is a great falling off in his sleep at first, and this has a very injurious influence upon his constitution. The great object is to sleep cool. Late suppers must be avoided, and a bath just before retiring is highly beneficial. The hour of retirement should not be later than ten o'clock, and at daylight one should arise to enjoy the fragrance and the beauty of the morning. Incubus or night mare is very apt to attack visitors to the tropics. It appears to originate in defective digestion. The authors, of whose essay we are giving a summary, say, "The following draught we have found very efficacious in preventing attacks of incubus, viz.. carbonate of ammonia, ten grains; compound tincture of cardamoms, three drachms; cinnamon water, two ounces; to be taken going to bed.

7th, and lastly. On the Prevention of Disease. Many constitutions have been impaired or ruined by the destructive practice of some new comers into the tropics of dosing themselves with powerful medicines, for what they think is biliousness. or some other slight disorder. Such should know, however, that although medicine, when moderately and judiciously administered, is very

useful, still much more can be accomplished in guarding against disease by a proper observance of the laws of hygiene, than by all the doses of medicine they could possibly swallow. Let them not become the slaves of passion; let them carefully regulate their food, drink, and exercise; let them dress properly, and they will find that these things are the great safeguards against insidious disease.

Curacao, West Indies, April 19, 1867.

CONTRIBUTIONS TO TOXICOLOGY.

By P. H. VANDER WEYDE, M. D.,

Late Professor of Chemistry and Toxicology at the New York Medical College.

(Continued from page 500.)

No. 3. Anilin.

This was formerly only made from indigo, but is made at present from nitro-benzole by submitting it to the action of weak acetic acid and pulv. ferri. It is purified by repeated distillation. It is a limpid liquid not very soluble in water, but very soluble in alcohol, having an agreeable vinous odor, but very acrid taste, and is highly poisonous. The effects are very similar to those of nitro-benzole, but it is perhaps less dangerous, as it is easily changed into some insoluble, harmless, coloring substance, by the action of various oxides and salts. Three coloring substances have been universally introduced as coloring and dyeing materials. Diluted chromic acid, or chlorine water, changes the anilin readily into a violet, harmless salt; and may be considered an antidote.

No. 4. New Antidotes for Chlorine

At the other side, Dr. BOLLEY (German) discovered that anilin is a perfect antidote against the evil and distressing effects of chlorine inhalations. Water impregnated with anilin is dropped on a piece of cloth, and its strong odor is inhaled from time to time. It has been found invaluable for persons working in the bleaching rooms of paper and other factories; they take a sponge moistened with anilin-water and tie it before the mouth and nose, the effect is, that the mucous in the mouth and nose becomes violet colored, but the chlorine vapors lose their pungent effect; however some care must be taken not to get an overdose of anilin.

Tobacco smoke is another antidote against chlorine, but must be used without intermission. I recommend smoking continually good cigars when preparing chlorine; but when the cigar is extinguished and the pure gas is inhaled, all the distressing symptoms of chlorine poisoning set in at once, of which I found nothing would relieve me but morphia, grain one-sixth, taken three times a day.

REPORT OF A CASE OF DISLOCATION OF THE HEAD OF THE RADIUS FORWARD.

By SAMUEL BIRDSALL, M. D.,

Bv't Major and formerly Ass't Surg. U. S. Vols.
Of Susquehanna Depot, Pa.

January 28, 1867. I was called to see Charles Edwin Simonson, a strong healthy child, aged one year and twenty-one days. I found the right elbow very much swollen and painful. From his mother I obtained the following history.

She stated that three days before she accidentally pricked his elbow with a pin, and, that it immediately began to swell:—only incidentally mentioning that the little fellow had fallen into a small coal-box, a few hours before receiving the slight injury, to which she called my attention.

She did not think the fall caused it any harm, for there was no swelling of the elbow, till after the scratch of the pin, which, though slight, was still to be seen. I told the mother that the swelling was altogether too great to be accounted for by the injury from the pin, but that I would only apply a lotion, to reduce the swelling, and watch the case for a few days.

The box, into which the child fell, was about one foot high, and two feet in length, by one and a half in breadth; he was reaching after something and fell into it, but whether he fell with his arm under him, or caught hold of the side of the box, is not known. Notwithstanding this story of the mother, (so well calculated to deceive,) I came to the conclusion that there must be a dislocation, as the swelling did not diminish, nor the arm improve. There was deformity: the arm being slightly flexed, and in a position midway between pronation and supination. It could not be perfectly extended, nor flexed much beyond a right angle; neither could it be completely supinated. Here, then, we had deformity, preternatural immobility and an absence of crepitus. The child being so young it was very difficult to obtain an examination sufficient to ascertain these facts. There was too much swelling to detect the head of the radius in the bend of the elbow.

Reasoning upon the case, I was able to exclude all dislocations, except that of the head of the radius forward.

February 1. I placed the child completely under the influence of chloroform, and made a more

thorough examination than I had previously been able to do.

Attempting to flex the fore-arm, it was suddenly and completely arrested when a little beyond a right angle; the head of the radius struck against the humerus. This left no doubt as to the correctness of my diagnosis, which was confirmed by Dr. C. H. Yelvington, whom I called to assist me. I reduced the luxation by making extension in the line in which the fore-arm was, and pressing firmly upon the head of the radius. Under this pressure I distinctly felt the bone slip to its place, but was obliged to exert considerable strength to accomplish reduction. I then flexed the fore-arm, to see that nothing interfered with this important motion; brought it back to a right angle, and applied a leather splint, well padded, to the inside of the arm, and by a well-adjusted sling kept it at rest.

I removed the splint on the third day, and made passive motion; this was repeated every second or third day for two weeks, when the splint was dispensed with but the sling retained, thus allowing flexion, but not extension of the fore-arm. At the end of three weeks, all dressings were removed, and in a very short time the child had perfect use of its arm.

The case is interesting on account of the age of the patient and the apparently *slight cause* that produced this rare dislocation.

Hospital Reports.

Jefferson Medical College,
June 5, 1867.

Surgical Clinic of Prof. Gross.

Reported by Dr. Napheys.

Necrosis of Humerus.

This boy, ten years of age, has been suffering for eight weeks with an affection of the left arm, the upper portion of which is larger than its fellow, and presents a nipple-shaped body, characteristic of the existence of necrosis. The detached dead portion of the shaft of the bone, called the sequester, is imprisoned by the involucrum, the case of new bone formed by the agency of the periosteum.

The boy was placed under the influence of chloroform, and an incision made in the direction of the fibres of the deltoid muscles, to the surface of the new bone, the openings in which were enlarged, and the dead bone removed. The whole of the affected surface was then scraped, so as to place it in a proper condition for the granulating process. A tent was introduced, and the wound closed. The tent will be allowed to remain until suppuration takes place, when it will be removed, and the part washed out daily, with permanganate of potassa. He was ordered iron and quinine, and a good nourishing diet.

Operation for Hare-Lip at age of Six Days.

William E., æt. six days. This child has hare-lip, the fissure being situated, as is most commonly the case, a little to the left of the median line. The proper period for the operation for this deformity is a mooted question. It has been performed in the first twenty-four or forty-eight hours after birth. Prof. Gross is opposed to such early operations. It is much more advisable to wait for three or four months, until the child is better developed, and better able to bear the operation, which must be attended with shock and some little loss of blood. In this case the operation may not succeed, on account of deficient vitality in the part.

The operation was performed with the loss of scarcely any blood, accurate approximation being effected by two twisted sutures, and an interrupted suture between them.

The child was ordered an abundance of milk, the natural stimulus of the stomach and the entire system in early childhood. It was also directed to be carried into the open air daily, care being taken it shall not take cold.

The upper pin will be removed at the end of forty-eight hours, the lower at the end of the third day.

Epithelioma of the Lip.

George F., æt. 53 years. Works in iron; of temperate habits, and apparently good constitution; married. He has epithelioma of the lower lip, on the right side, extending as far as the corner of the mouth, and thence on into the cheek. It was first perceived three and a half years ago. He never smoked a pipe, always a cigar. He suffers from a darting pain in the part. His general health is good; there is no enlargement of the glands at the base of the jaw. The ulcer extends at least one quarter inch from the commissure of the lip, lying between the dental arches.

The diseased mass was removed, the parts brought together by twisted and interrupted sutures, and the man ordered to live upon slops for the next few days, and walk about in the open air.

Paraplegia from Gun-shot Wound.

Jno. R., æt. 25 years. This man was wounded in battle three years ago. At the time of receiving the wound he seems to have been in a stooping posture, leaning forward, and the ball entered to the right side of the spinal column, at the lower portion of his back, and has remained lodged in an unknown position ever since. He has been in a state of paraplegia since the infliction of the wound. He can now walk with the aid of assistants, but the muscles are feeble; he is unable to stand long. As curious circumstances in the case, it is to be observed that there are situated directly over the coccyx, over the left trochanter, and upon the nates, pendulous tumors, evidently containing bursæ, developed in consequence of his inability to shift his posture, compelling him to remain for a long time in one position.

Where the ball is situated it is impossible to determine. In its passage it may have wounded

the lower portion of the spinal cord, or it may be lodged in the spinal canal, or in such a position as to press upon a portion of the spinal cord. He has impaired sensibility, as well as loss of power, in the lower extremities, which would imply that both the anterior and posterior columns of the cord have been injured. His bladder is paralyzed; he has labored constantly under incontinence of urine. His sexual powers are also impaired, showing that the nerves supplying the genito-urinary apparatus have suffered directly or indirectly, from the passage or lodgement of the foreign substance.

The question arises, what can be done in such a case? Notwithstanding that the injury has been occasioned by a foreign substance, which is still present, and may, by its pressure, keep up the symptoms, it is impossible to obtain access to it, consequently, it is necessary to trust to time for a cure. In all probability, in the course of the next few years he will be able to walk very well, especially under a system of training, re-teaching the muscles of the lower extremities the faculty of motion. The muscles should also be rubbed and kneaded well; they should be shampooed, using first warm water and castile soap, and then cold water, or the shower bath may be employed, first warm and then cold.

Lithotomy.

Francis L., æt., 17; farmer, living in Montgomery county. He has labored under trouble with his bladder for about three years, passing his water frequently, with an occasional interruption in its flow. General health pretty good; he eats and sleeps well. He came under Prof. GROSS' care ten days ago, at which time he was prescribed some laxative medicine and bicarbonate of soda, fifteen grains three times a day in a quarter of a tumbler of water. Under the influence of this treatment the morbid sensibility of the bladder became greatly ameliorated, so that he could retain his water for a much longer period than previously. He has retained his water since 9 o'clock this morning, there being, therefore, an accumulation of four hours duration in his bladder.

The operation in this case will be the lateral one, as performed by CHESELDEN. It consists in making the incision through the left side of the perineum, commencing about an inch above the verge of the anus at the raphé, and extending downward in an oblique direction to nearly midway between the tuberosity of the ischium and anus, a little nearer the former, and from one-half an inch to an inch below the anus according to circumstances. Prof. GROSS is in the habit of making the outer incision small. The staff to be used should have a central and very large groove and be held nearly perpendicular, with a very slight inclination over toward the right side so as to render the convex portion of the instrument a little prominent on the left side of the perineum, the seat of the operation. It should be well up against the arch of the pubis, away from the rectum, which would otherwise be in danger of being injured in the latter stages of the operation. The staff holder stands on the left side of the patient. The staff should not be introduced until the patient is fully under the influence of the anæsthetic.

There are two points in the operation which constitute its difficulty. The one is to hit the groove of the staff, and the other to seize the calculus, which is not always very readily taken hold of.

The hemorrhage in the operation is derived, in the majority of instances, chiefly from the transverse perineal artery and from the veins at the neck of the bladder and the prostate gland, which are liable to become enlarged, especially in elderly subjects where the vesical irritation is long continued. Sometimes the artery of the bulb is divided, a very short stunted trunk, situated between the two layers of the triangular ligament, or deep perineal aponeurosis, an accident always attended with embarrassment on account of the great depth of the artery, its shortness and tendency to contract. Occasionally the superficial artery of the perineum is divided, and may furnish a considerable amount of blood, but it is generally very readily secured. The pudic artery is sometimes wounded, but this happened more frequently when the gorget was employed. Sometimes there is a general oozing of blood, it not being possible to discover any vessel of considerable size. Under such circumstances, if MONSELL' solution fails, it is necessary to plug the wound For this purpose a silver tube is used four inches in length, provided with two rings at the perineal extremity and open at the vesical end. This is carried through the wound into the bladder, surrounded by a piece of linen or muslin, the cavity of which is afterwards stuffed with cotton or oakum, so as to make firm pressure against the part.

The boy was placed under the influence of chloroform, and the operation performed in the manner indicated. A large rough stone was extracted. The wound will be kept open, unless occasion should arise for plugging it, until it shall heal by the granulating process. By the end of the fifteenth, eighteenth, or twentieth day, it will be completely closed.

Prof. GROSS never introduces a tube into the bladder for carrying off the water, as it acts as a foreign substance, exciting spasm of the bladder. The parts are perfectly tolerant of the flow of urine after the first few hours, when the surface of the wound becomes covered with plastic matter. Such an event as urinary infiltration is not to be expected when the operation is well performed. It only occurs when the parts are cut too extensively.

Cleanliness will of course be observed with after treatment. The patient will be placed in bed over a folded sheet called the draw sheet, which, as often as it becomes soiled, is renewed, being thus changed four or six times in the twenty-four hours. Under it there is a piece of soft oil cloth, three-fourths of a yard in length and breadth, to protect the bed. The patient lies on his back or on either side as he feels inclined. The scrotum and perineum will be well sponged several times in the twenty-four hours. If the scrotum is elongated, and hangs over the wound, it should be held out of the way by a proper contrivance.

The urine will gush through the wound in the course of the next three or four hours. In the first place, it will be retained, because the wound will be clogged with coagulated blood. At the end of three or four hours, sometimes not until the expiration of eight or ten, the pressure of the accumulated fluid will dislodge the clot, and the urine will flow out until the bladder is empty. This will be attended with a good deal of pain. But in the course of twenty or twenty-four hours all this difficulty subsides.

The patient was ordered half a grain of morphia, so soon as he should wake up from the influence of the chloroform.

Editorial Department.

Periscope.

Treatment of Quinsy Sore Throat.

The London *Lancet* publishes an interesting report of the treatment of tonsillitis adopted by physicians at the several metropolitan hospitals, from which we make a few extracts.

Dr. Anstie (Westminster Hospital) believes that in the suppuration variety two remedies only are of real value. If the case be seen early—*i. e.*, within forty-eight hours of the occurrence of decided pain, before the swelling has become definite in form, and more especially if there has been no shivering and the febrile action is but slight, the application of strong local astringents is almost certainly curative. The rough way of using this treatment is to order the patient to gargle every half-hour with a solution of alum, twenty grains to the ounce. A more precise and effective use of the same astringent can be made by throwing such a solution, in the pulverized form, against the affected part. Another effective mode of local adstriction is the application of tincture of sesquichloride of iron on a sponge carried by a whalebone, which may be firmly pressed against the part. The other remedy besides local adstriction is the use, in suitable cases, of purgative medicine. If (and only in this case) there is reason to think the bowels are loaded, a brisk purge of any kind which does not produce exhausting serous exhalation will frequently give great and speedy relief.

If the disease has plainly gone on to the formation of pus, the above remedies are useless, and will only worry the patient. Our attention should then be directed, Dr. Anstie believes, to soothe pain and to keep the swelling within bounds, while we also support the patient's strength. Hot fomentations and poultices should be applied around the throat, the patient should gently inhale the steam of boiling water, and he should be given strong beef-tea and small quantities of wine or brandy every four hours. In nine cases out of ten, the pus may be left to find a natural opening, and only the occurrence of serious mechanical dyspnœa, or the appearance of a tendency to spreading of the suppuration, should induce us to use the lancet.

Dr. Wilson Fox (University College Hospital) treats ordinary cases of tonsillitis which present themselves within the first forty-eight hours of the invasion of the disease with a brisk mercurial cathartic, followed by a saline aperient draught. In cases which have even run a course of three or four days, the same plan is found by him to be beneficial, if the bowels have not been previously acted upon. Even in the early stages, unless the use of gargles gives much pain, he employs the following formula for this purpose:—Chlorate of potash, three drachms; nitrate of potash, half an ounce; glycerine, half an ounce; water, eight ounces. When seen early, this course is, in his experience, almost invariably sufficient to cut short the disease in a few days' time; and he scarcely recollects an instance where it has been adopted in which abscess has ensued. In cases of very severe swelling, he has occasionally found scarification useful; but he regards these as quite exceptional. If ulceration supervenes, either upon the tonsils or on the fauces, the solution of the nitrate of silver, of the strength of fifteen grains to the ounce, is, in his opinion, the best remedy; and it may be advantageously applied to the tonsils, when suppuration is not present, in cases where the swelling lasts longer than five or six days. Dr. Fox strongly deprecates the use of the solid nitrate of silver in the early stages of the disease.

Dr. Clapton (St. Thomas's Hospital) recommends the usual depletory remedies, but objects to stimulating gargles in the early stages. When a patient has been the subject of repeated attacks of acute quinsy ending in suppuration, the plan of applying a liniment of thin extract of belladonna just below and behind the ramus of the jaw has been found a most excellent one, rapidly relieving the pain and intense irritation, and in some instances cutting short the progress of the disease almost at once.

In incipient sore-throat, of whatever kind, Dr. Broadbent (St. Mary's Hospital) has for some time given small fragments of guaiacum resin—a piece to be kept in the mouth till dissolved, three or four times a day. The good effects have been very evident, more particularly in superficial inflammation of the mucous membrane; but tonsillitis has apparently been arrested, and in patients subject to quinsy, attacks have been averted.

Dr. Headland (Charing-Cross Hospital) relies greatly upon chlorate of potash as a gargle, and mild magnesian purges. None of the physicians think it necessary, except in extreme cases, to use the lancet.—*Medical Record.*

Grindelia Robusta in Asthma.

Prof. H. Gibbons, editor of the *Pacific Medical and Surgical Journal*, relates the case of a clergyman, for six years a victim of asthma in its most virulent form. After exhausting the ordinary round of remedies he tried, with the consent of his physician, a syrup of grindelia robusta, in the dose of a wineglassful on going to bed. He slept soundly that night, and for seven months since beginning the use of the remedy passed not a single night out of bed. Hitherto he suffered most severely just prior to the rainy season,

but this year he passed through that period with comparative comfort. The herb is described as abundant in California, mostly in hilly situations. It throws up a straight, unbranched stem, one or two feet in height, with short, rather rigid leaves, and a spherical head of flowers on the top. It belongs to the composite order of plants, the flowers having white rays about half an inch long. It may easily be known by a drop or two of a resinous fluid, which looks precisely like milk, and which is always to be seen attached to the calyx. In the mouth it yields a balsamic taste, and the odor is aromatic or balsamic. The syrup, made from a strong decoction of the herb, is not unpalatable, and sensibly acts only upon the pulmonary organs, promoting expectoration.

Temperature of the Body in Convulsive Diseases.

Drs. CHARCOT and BOUCHARD state that there is no sensible increase of the general temperature of the body during the clonic contractions of muscles. The augmentation of temperature due to muscular contraction, as in epilepsy, occurs only during the tonic contractions. They assert that in the most violent form of paralysis agitans, and in chorea, there is no appreciable increase of the animal heat. These opinions are sustained by their physiological essays on cats and rabbits, which animals were thrown into convulsions by injections of sulphate of strychnia, or by the application of electricity. The bulb of a thermometer, placed in the rectum of the animal, enabled the experimenters to note the variations of the instrument, as the tonic convulsions succeeded or preceded the clonic contractions.—*Gazette Médicale of Paris.*

Reviews and Book Notices.

NOTES ON BOOKS.

The "Boylston Prizes" this year in Harvard University were assigned to THOMAS DWIGHT, Jr., for an "Essay on the Intracranial Circulation;" and to F. R. STURGIS, for a paper on "Human Cestoids." Another contribution to medical literature, which Boston publishers announce, is an essay by Dr. H. R. STORER, with the sensation title "Is it I?" We cannot say that we admire such captivating names for medical works. Of course they are for a double purpose—*ad captandum vulgus* in the first instance, which is not a very elevated aim, and secondly, they serve to conceal the real purport of the work. Dr. STORER's promised book is said to be a companion to "Why Not?" No fault can be found with placing the practice of provoked abortion in its true light, and as the secular and religious press have combined in calling upon medical men to "bear testimony," as the Quakers say, and as our profession has never been slack in so doing, we may expect many more pamphlets on the same topic. We need not look for all of them to speak wisely and well. One who does not, we must say, is Dr. E. P. LE PROHON, of Portland, Maine. He has just offered "an earnest word" against the crime of the day, under the distinct, unmistakeable title "Voluntary Abortion; or, Fashionable Prostitution, with some remarks on the Operation of Craniotomy." The writer has practiced twenty-four years in New England, and while drawing from his experience ample proof that it is no man of straw which he is attacking, carries his opposition to "l'avortement provoqué" to such a fanatical extent, that he denies that it is *ever* a justifiable operation.

The physician, he says, is never excusable for destroying the fœtus for the sake of the mother. God, not man, is the judge of which life should be saved, and there is never any certainty that the operation will save life. Now this is mere midsummer madness. Why not say that it is wicked to perform any surgical operation, on the ground that God will save the life if he wishes it saved? The assertion is of a piece with what the author goes on to say about Romanism—that it is the only religion capable of restraining women from this crime. It is a fact which we have verified, that probably owing to auricular confession the crime in question is less frequent in that communion than most others, but that it alone is capable of instilling morality sufficient to prevent it, is in our opinion a gratuitous pretension.

"Serpents in the Dove's Nest," by the Rev. JOHN TODD, D.D., whose "Students' Manual" was doubtless familiar to the boyish minds of many of our readers, is another pamphlet on the same vice, in which the veteran divine shows that time has not withered him nor dulled the edge of his hatred to whatever is evil and self-destructive in the secret habits of life. Still another combatant is Dr. TRACY in his pamphlet "The Mother and her Offspring." Whether any or all of these will be read by one half the number who peruse the half or whole column of the *New York Herald*, daily devoted to advertisements of abortionists by profession, we sadly mistrust. Here is where the evil should be nipped in the bud. Why is it permitted in the State of New York, whose code sentences to a term of years in the penitentiary any one convicted of aiding or abetting in any way the practice of criminal abortion, that the leading dailies should openly and constantly advertise these professional murderers? Rhode Island has made such advertisements penal, yet out of Rhode Island, dozens of papers, some of them profanely calling themselves "religious

periodicals," derive half their gains from such villanous sources. Dr. Todd threatens to expose such, and if he does not, others can be found who will. This is where the reform is to begin. Brand such newspapers by popular indignation, and discountenance all druggists who disgrace their calling by selling the nostrums which pretend to aid feticide, and an improvement will straightway be apparent. Let no physician send any prescription to a shop which placards "Velpeau's" or "Cheeseman's" or any similar pills, and let all such corrupt dealers be banished the societies of pharmacy.

The second volume of Flint's "Physiology of Man" is announced, which will be looked for with interest by many readers. Of foreign publications one on leprosy, an official Report of the Royal College of Physicians, is most noteworthy. It is based on replies to a circular letter of queries sent to all parts of the British empire, and extends in time as far as in space, as it goes back to the Old Testament, and discourses on the type of the disease so minutely described in the Mosaic books. It is in folio, 3sh. 6d. cloth.

Various medical journals are announced, the best supported of which will perhaps be the *Journal of Cutaneous Medicine and Diseases of the Skin.* Erasmus Wilson is the principal editor, whose name guarantees its excellence. His opening article is on the "Dangers of Dyeing the Hair," in which he holds before the eyes the risks ladies run in submitting to this absurd exaction of fashion. It is full of curious and entertaining matter. The first volume of the *Journal of Anatomy and Physiology* is also announced in London. These various publications are signs of a pleasing activity in the medical mind across the water.

The physiology of the nervous system has an interest altogether its own. Dr. R. K. Browne has lately written a short but exhaustive essay on the Ultimate Distribution of the Nerves of Gestation," which contains some unexpected results, chiefly deduced from the observations of the English microscopist, Beale. In the words of Professor Browne, "They identify a large proportion of tissue as nerve-tissue which has hitherto been regarded as connective tissue. They demonstrate that no part of the sensitive structure of mammalian animals forms organs of special sense by a *terminal* arrangement. They show that the nervous tissue is an undivided continuation from centre to periphery and back. And finally, they force upon us the conclusion, adverse to all our present theories of sensation, that neither sensation nor motion are physiological phenomena, beginning at a nerve terminus on the one hand, and ending at a nerve terminus on the other."

D. Appleton & Co. have in press "The Physiology and Pathology of the Mind," by Henry Maudsley, M. D., London.

Elements of Human Anatomy, General, Descriptive, and Practical. By T. G. Richardson, M. D., Professor of Anatomy in the Med. Dep. of the University of Louisiana. Second Edition, revised, and illustrated by nearly three hundred engravings. Phila.: J. B. Lippincott & Co. 1867. pp. 671, large 8vo. *Price*, $6.00.

The first edition of Dr. Richardson's work appeared in 1853, and has been the familiar handbook of many a student in the dissecting room. Like it, this edition is also intended as a practical guide in studying anatomy on the dead subject. English terms are substituted for their Latin synonyms wherever practicable, an arrangement authorized by the French and German writers; and doubly desirable in this country where so many students have failed to acquaint themselves with the Latin language. The author aims also to supply the general practitioner with a work of reference arranged on a plain and simple plan. The cuts, although not so well executed as those in some other Treatises now in the market, are distinct, and so far as we have examined, accurate. The size of the book seems an objection to its use as a *manual.* Why not, as the English and French publishers always do, bring out such works in medium or small octavo? The typographical execution of the work is all that can be desired, and a copious index of thirty pages is a most useful addition to the text. On the whole, as an anatomical *vade mecum*, designed especially for students, we do not doubt it will give satisfaction to all who may use it.

Army Hygiene.

Dr. George Derby, in a paper on the "Lessons of the War to the Medical Profession," read before the Massachusetts Medical Society, stated that great saving of life had been effected by the adoption of an excellent hygienic system. While during the Mexican war our armies had lost from ten to twelve per cent. by disease, and while the allies in the Crimea lost twenty-five per cent. from this cause, enough was already known of the statistics of our recent war to warrant the assertion that the federal army lost only six per cent. by disease. "It would be no exaggeration to say," he added, "that the number of lives saved was greater than the whole number lost by disease and battle."

Medical and Surgical Reporter.

PHILADELPHIA, JUNE 22, 1867.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

ASYLUMS FOR INEBRIATES.

Under the auspices of the Citizen's Association of this city, an asylum for inebriates is about being opened for the reception of patients at Media, Delaware county, a few miles from this city. The institution will be under the charge of Dr. JOSEPH PARRISH, whose qualifications to fill such a position are well known.

There are, as yet, but two or three such institutions opened in our country—one at Boston, and one, on an extended and liberal scale. supported by a good State endowment, at Binghamton, New York. The latter institution, with everything calculated to command success, has had rather an unfortunate beginning, and we are sorry to have to add, that it looks very much as if its misfortunes were chargeable to the mismanagement—to use the mildest possible term—of a member of our profession of whom better things were expected. If it is not so, he has certainly been sadly misrepresented and slandered. That institution is now in charge of Dr. ALBERT DAY, who lately had charge of the Washingtonian Home at Boston, and who is well qualified to manage it.

Unfortunately, there is no lack of materials to fill up such institutions, and the only wonder is that they were not established long ago, and that there are not many of them in the country. The more's the pity that there should be occasion for them at all, but as long as public sentiment will tolerate the drinking usages of society, and while license is given to men to tempt their fellow-beings to become drunkards, and incapacitated to manage their own affairs or to contribute to the general good, the State and the community must be taxed to support them in some way. And if this must be done, it is best that it should be done in public institutions where the inmates are placed under restrictions and treatment that will be very likely to effect a cure of their broken health and morbid appetite, and return them to society producers instead of pensioners.

While, therefore, we earnestly deprecate the loose morality which makes the existence of such institutions desirable and necessary, and would prevent their necessity by unrelenting legislation, we, at the same time, are compelled to accept the existing condition of things, and while it lasts, encourage the establishment and support of asylums for inebriates. Much good has been accomplished by them, and under proper regulations, such as intelligent members of our profession know how to establish, they are calculated to do much for the elevation and comfort of men and their families, whose unfortunate condition is perhaps quite as much due to a morbid state of society, for which every member of it is in some degree responsible, as to any innate obliquity of moral perception in the unfortunate victims themselves.

Notes and Comments.

Ununited Fractures.

The surgeon not unfrequently experiences the greatest annoyance from the refusal of fractured bones to unite after he has called to his aid all the ordinary resources of his art, and obeyed faithfully all its precepts. Even the operative procedures, by drilling, by wiring the ends of the bone together, by friction, or by pegs, fail him only too frequently in this conjuncture. The pamphlet of Dr. H. J. BIGELOW, of Boston, therefore, on "Ununited Fracture Successfully Treated," deserves more than a passing notice. The method there proposed and carried into execution in eleven cases, ten of which were successful, is based upon the osteo-plastic powers of the periosteum. The extremities of the false joint are exposed, an incision is made in the ragged callus at their tips, and the periosteum seized by a strong-toothed forceps, and torn from the inflamed bone, and from about half an inch of the sound shaft. About half an inch of the latter, with its diseased extremity, is then removed by the saw. The extremities are then joined by plated copper, or silver wire passed through drill holes, and the wire twisted and left to protrude at the external wound. It may be withdrawn at any time, from two to six months afterward. The periosteum is thus made to form a cap or a hood for the osseous structure, and the limb being securely fastened in an appropriate apparatus, in from two to three months union takes place.

Adulteration of Tin Foil.

It is said that nearly all tin foil now used is adulterated by lead. Dr. J. H. BALDOCK found by chemical analysis that common tin foil contained 86.93 per cent. of lead; embossed foil, 76.57 per cent.; tea foil, 88.66 per cent., and the

so-called pure tin foil, 32.62 per cent. of lead. The adulterated article is made by placing an ingot of lead between two ingots of tin, and rolling them into sheets which have a coating of tin on both sides.

In view of the extended use of tin foil in dentistry, and as an envelope for tobacco and other articles in daily use, this is a somewhat startling announcement, and may account for some obscure cases of ill health.

Cholera in South America.

It appears that cholera is committing terrible ravages in the ranks of the allied armies operating against Paraguay. In one day 600 soldiers died of the disease. By proper precautions the mortality was reduced to about 200 a day. The disease also prevails in all the towns on the La Plata, and at Buenos Ayres the mortality is from 100 to 250 per day. The *Buenos Ayres Standard* of April 25th, says:

"Our latest advices from Paraguay are most alarming. In one week over 2,800 Brazilians died in Curuzu, and we are assured by deserters that the plague is quite as bad in the enemy's camp. Report says that some cases occurred at Itapiru. God grant it may not spread to the grand allied camp at Tuyuti; the consequences would be awful."

Correspondence.

DOMESTIC.

Scabies.

Editors Med. and Surg. Reporter:

In perusing the many articles and letters, treating this subject under various captions, which have for many months been appearing in the Reporter, I have been by turns interested, amused, surprised. Many modes of treatment have been proposed, some of which have doubtless proved successful. In the current volume, pp. 3, 4, Dr. S. J. Radcliffe, of Washington, D. C., gives the best description of this loathsome disease. He says truly, "It may attack the high, or the low, the rich or the poor, the young, the middle-aged or the old. In every condition and class of society it may enter. The whole family may suffer at once."

I have seen this disease in all its stages and complications, among all classes, conditions, ages, and occupations. I have seen the tender infant covered with it from crown to sole. I have seen it attack those who habitually practised careful daily bathing of the entire body, and were particularly nice, cleanly, and healthy. It attacks in preference the cleanly and robust, and in these spreads much more rapidly than in others, the vulgar opinion to the contrary notwithstanding. It is apt to produce phlegmonous tumors about the head and other parts of very young children.

Dr. R. says, "I regard it as a contagious, vesicular, skin disease, the vesicles without insectiform contents," etc. "In regard to the causes, these are uncertain." The disease is vesicular in one case, pustular in another; in another, vesicles and pustules appear simultaneously; and yet in another, successively, according to individual peculiarity or condition of constitution and health. The cause of the disease is certain enough—*acarus*—as verified by ocular demonstration in hundreds of cases. Yet, it is true that "the vesicles are without insectiform contents." The insect is never in the vesicle, and hence the difficulty of finding him, and the errors in regard to the cause of the disease. In fact, one insect very commonly produces several vesicles, and we cannot always trace his path from them. But carefully inspecting the skin near a group of recent vesicles, we can detect a very delicate, whitish streak from a fourth to a half inch long running from a vesicle. At the extremity of this gallery or burrow, under the cuticle, he is always found as a darkish speck. Hence he may be withdrawn very easily on the point of a delicate instrument. I have had persons by simply following my directions, without ever having previously seen an acarus, detect and bring him forth from his burrow at the first trial. He is, as one might suppose, quite gentle, and easily managed. Confine him on a clean, healthy skin, and he will soon penetrate the cuticle. Vesicles will be developed in due time, but only after he has irritated and left a point.

I have used quite a number of remedies for itch—nearly all with success; because formed with reference to the true cause of the disease. I have used a formula of my own similar to that of Hebra, of Vienna. I have used that of Bourgignone, of Belgium, erroneously ascribed by some to Nichols of the British army, in which he used it indeed with most satisfactory results. And although, as stated by several authorities, it will cure many cases in half an hour, I usually direct the prescription of Helmerich as perfected by M. Hardy of Paris. Rub the patient half an hour with soft soap; then put him in a warm bath and rub him well for an hour, to break up the burrows and remove the deadened cuticle; lastly, rub in well for half an hour an ointment made by mixing together two parts sulphur, one part carbonate potash, and eight parts lard. A

single application will thus in two hours cure perfectly ninety-nine per cent. of all cases, however bad. If any point should escape, a second application to that part alone will effect a final cure.

Sulphur produces itself an eruption on the skin of many persons; and I have seen practitioners after having cured scabies, continue applying sulphur; thus for weeks and even months keeping up a cutaneous irritation little less distressing than the original disease, which they supposed they were still treating.

When carbonate of potash could not be obtained, I have supplied its place in the above formula with the bicarbonate, or other substance, to act mechanically in breaking up or opening any burrows that may have escaped the previous rubbings. D. L. Phares, M. D.

Newtonia, Miss., May 22, 1867.

Syphilitic Necrosis; Operation.

Editors Medical and Surgical Reporter:

Jas. ——, aged 7 years. of Irish parentage; father dead; mother of fair health, though intemperate. Boy slender and tall for his age—was troubled for six months past, with large blotches on the head and back; treated with hydrarg. chlor. corrosiv. and iodid. potass., alternately; some three months past he complained of pain in face and jaw; face swollen, and a small ulcer under one nostril, evidently proceeding from necrosis of jaw; no treatment seemed to check it, and after two months the whole upper jaw, far back as the last molar, became necrosed; the discharges very offensive. An operation was determined on; the caries had involved nearly all the molar and nasal processes, and a portion of the ethnoid and molar bones. The second molar being extracted, the corner of the mouth was slightly incised for one inch, and the bone sawed directly upward until the natural line of separation by necrosis was reached; the back and upper portions of diseased bone appearing to be well loosened. The bones were then divided in the median line by forceps, and one portion removed without much difficulty—the same course was then taken with the left side. The hemorrhage was slight, and easily checked by persulphate of iron rubbed over the surfaces. One of the nasal processes came out entire, and two-thirds of the palate, molar, and turbinated bones; there has been very little exfoliation since (60 days); the boy is doing well, has increased in flesh since, eats well; articulation of course very difficult; no anæsthetic was used—milk punch given freely in advance—he was thought too feeble for chloroform; he bore the operation with but little complaint; mother is now under treatment for syphilis. H. L. W. Burritt, M. D.

Bridgeport, Conn., March, 1867.

Internal Use of Chloroform in Colica Pictonum.

Editors Medical and Surgical Reporter;

In the Reporter of Dec. 22d, 1866, I read with interest another article on the internal use of chloroform. Allow me a few lines for the following case:

On Nov. 20th, I was called to see Isador Baumgardner, a German, about thirty years old, working in a paint factory, (viz., grinding the paint,) naturally a strong healthy man, but now suffering evidently under colica pictonum. I prescribed calomel and jalap, and the sulphate of morphia, but on my next visit, finding things worse, instead of better, the medicine not having operated, and the man suffering so frightfully that all appearances seemed to justify the patient's exclamations that he had to die!

Under these circumstances, I ordered chloroform in teaspoonful doses every half-hour, in milk, until the patient would sleep. I at the same time ordered the following enema:

℞. Ol. ricini,
Syr. simpl., āā f.℥iv.
Ol. terebinth., f.℥j.
Aq. saponis, ad Oj. M.

to be gently thrown up as far as possible. This resulted in a most copious discharge from his bowels, and on my visit at 11, P. M., to see the result of my heroic treatment, I found my patient, to my astonishment, as well as great delight, soundly asleep, having taken six teaspoonfuls of chloroform in three hours' time. He slept about two hours, and awoke without any pain or any bad symptom. Next morning, feeling slight colic pains again, I ordered the chloroform to be repeated, but in smaller doses. Three seidlitz powders failing to move his bowels, I ordered another enema, also a less quantity, which had the desired effect, causing three astonishing discharges. The other treatment consisted in the iodide of potassium, tincture chloride of iron, tincture of gentian, etc. The latter as tonics.

I discharged this patient in one week, and he is now perfectly healthy, working again in the same establishment, not *grinding* paint, however.

This was the third man that was taken with this distressing disease at the same post in the same establishment within a very short time. Can any one suggest a plan how to avoid this disease in those who are engaged in grinding paint?

Dr. Waring, in his new Practical Therapeu-

tics, has the following on colica pictonum, in reference to the administration of chloroform: "M. Aran gave chloroform internally in eight cases. In five, the pain disappeared permanently; in three, the relief was only temporary, He employed a mixture of forty parts of chloroform, and one hundred and thirty of water and syrup. Of this, the dose is a teaspoonful repeated according to the urgency of the case. He also administered it in the form of enema, and compresses moistened with dilute chloroform were applied to the abdomen."

I think that the failure of M. Aran is attributable to the too small dose. You will at once see that he gave only about the *one-third* of a teaspoonful, and how often is not stated in exact language.

I think the only danger in giving the chloroform in the doses I gave it, is in misapplying it. *Diagnosis* is the great point here, as well as in any disease. Be sure your diagnosis *is correct*, then you need fear no bad results, if you watch your patient yourself, instead of trusting to nurses altogether. E. H. M. Sell, M. D.

151 *East 30th St., New York.*

News and Miscellany.

Alcohol: its Effects upon the Public Health.

Dr. Wm. F. Thoms read a paper before the N. Y. Medical Society upon "The Effects of the Habitual use of Alcoholic Liquors on the Public Health." After an historical introduction, he said that the ratio of deaths from alcoholic poisoning in the city of New York is one to every 4,070 of the population per annum. This, at the usual rate of 28 sick to one death, would give to the whole city one sick from the effects of alcohol to every 145 of the population. In the lower wards of the city there is at least one drunkard to every 50 of the population, and the sickness from this cause is very great. In the various dispensaries and missions with which he is connected, at least one half of all the cases of sickness that come for treatment are caused directly or indirectly by the effects of alcoholic liquors. The ratio of sickness from this cause in the country, is 1 in 750. In London the ratio of deaths from this cause is 1 in 12,800, and the sickness rate 1 in 466. The mortality is less in London than in New York, because the liquor chiefly used in the former city is gin, which, acting on the kidneys, produces a less injurious effect than the other alcoholic preparations. The number of deaths in London has risen and fallen according to the facilities granted for manufacturing, vending, and purchasing alcoholic liquors. Whenever the government, to satisfy distillers and venders, opened the flood-gates and suffered them to pour out the poison upon the community, then the bills of mortality invariably rose. When the evil became too great to be borne and the government laid on heavy duties, checked importation and hedged in the traffic, then the mortality was lessened. In the whole of England the death-rate from this cause is 1 in 26,000, and the sickness rate 1 in 860, varying according to the facilities for obtaining alcoholic liquors. Their introduction into general use imparted increased virulence to the character of many diseases; and even new diseases began to make their appearance from this source. The consequences of liquor-drinking were so serious in England in 1725 as to cause the College of Physicians to make public representation of them; and in 1750, when the habit was so general, the same body stated they had 14,000 gin cases under their care, most of which baffled all their skill in medicine.

Among the European regiments in India, according to late information, there was, daily, 1 in every 9.8 intemperate men admitted to the hospital, while of the temperate class of soldiers there was only one in 27.1. The death-rate for the year 1865 among the same troops, was 1 in 16.4 temperate. 1 in 7.2 intemperate.

Life insurance companies will not issue policies to those whose habits are known to be intemperate; and if it be discovered after death that a policy has been obtained by the concealment of such habits it is forfeited.

From Neison's "Vital Statistics" it appears that the intemperate have a greatly increased mortality from diseases of the head and of the digestive organs (especially the liver), while they suffer less than others from respiratory diseases. The following table shows the ratio of deaths from these causes to those from all causes in the temperate and the intemperate respectively:

From diseases of the	*Temperate.*	*Intemperate.*
Head	1 death in 104 deaths.	1 death in 36 deaths.
Digestive organs (esp. liver)	1 " " 160 "	1 " " 42 "
Respiratory organs	1 " " 30 "	1 " " 43 "
From all the classes combined	1 " " 20 "	10 " " 13 "

The mortality of the intemperate at from 21 to 30 years of age is five times that of the temperate; at from 30 to 40, four times.

The following table shows the comparative chances of longevity with temperate and intemperate persons:

A temperate person's chance of living is:	An intemperate person's chance of living is:
At 20, 44 years longer.	At 20, 15 years longer.
At 30, 36 years longer.	At 30, 13 years longer.
At 40, 28 years longer.	At 40, 11 years longer.
At 50, 21 years longer.	At 50, 10 years longer.
At 60, 14 years longer.	At 60, 9 years longer.

The average duration of life after the commencement of the habits of intemperance is, among mechanics and laboring men, 18 years; among shop-keepers and merchants, 17 years; among professional men and gentlemen, 15 years; among females, 14 years.

With reference to the effects of alcohol in cholera, the paper recited that all experience, both in this country and in Europe, has proved that those who have been addicted to drinking alco-

holic liquors, have been, the greatest sufferers from that epidemic. In confirmation of this statement, a diagram was displayed, showing the relation of the number of deaths from cholera and from all causes to the number of liquor-stores, in the several wards of this city, during the last season. From the numerous authorities quoted in support of the position, we give brief extracts. Dr. SEWALL, of Washington, while on a visit to the cholera hospitals in this city, in 1832, writes thus; "Of 204 cases of cholera in the Park Hospital, there were only six temperate persons, and they recovered speedily while 122 of the others, persons of intemperate habits (when he wrote), had died. Similar experiences," adds the Doctor, "meet us in every other hospital." "At Albany," states Dr. MUSSEY, "during the same season, cholera prevailed for several weeks, attended with a severe mortality; and it is a remarkable fact that, during its whole period, it is not known that more than two individuals out of the 5,000 members of the temperance societies in that city became its victims." Mr. HUBER, who saw 2,160 perish in 25 days, in one town in Russia, says: "It is a most remarkable circumstance, that persons given to drinking have been swept away like flies. In Tiflis, containing 20,000 inhabitants, every drunkard has fallen; all are dead; not one remains."

The Doctor then dwelt at considerable length upon the injurious effects of intoxicating liquors upon persons suffering from fever, quoting from the works of eminent physicians to support his arguments. Not only is this the case in cholera and fever, but in almost every disease that afflicts mankind. In conclusion of this part of the subject, he gave as the results of his observations in regard to the effects of alcoholic liquors on the human system: First, they destroy the healthy relations of the system; second, they diminish and finally destroy the vital powers; third, they act injuriously on the human system in preventing the organs of restoration from performing their functions in a healthy manner; fourth they prevent the effectual separation of old and useless matter, and also prevent the new matter from possessing that healthy nature essential to proper restoration; fifth, they have a deteriorating influence in respect of the physical energies of the present generation at large.

Some curious computations were then given, by which,—counting a man's time worth one dollar per day, and 313 working days in the year,—it was calculated that the State of New York loses annually, from the habitual use of alcohol, the sum of $16,257,920.—*Medical Record.*

The Type of an Officer.

Lieut. H. C. KEMBLE, of the 2d. Bengal Cavalry, says the *Pall Mall Gazette*, has just set a noble example to his brother officers. When everybody else was dancing and supping and attending durbars at Agra, he threw all his invitations into the waste paper basket, and stopped with his detachment (ten miles away from all the grand doings) till he had stamped out an attack of cholera which threatened to be very serious. Mr. KEMBLE, on hearing that cholera had broken out amongst his men, sent off an official request for a doctor, and was himself in camp two hours after the message reached him—eight hours after the first seizure. He at once chose a site for a cholera hospital, burned the ground on which the sufferers had been lying, and removed the whole camp. This he did every third or fourth day, marching always at right angles to his former course, and moving some two miles from his old position. The treatment began on the 5th of November; by the 15th the doctor declared all convalescent; and on the 20th the official report of "all well" was sent in. Mr. KEMBLE chose high and airy ground; he burned heaps of leaves, all the spare grass from the lines wherever his hospital had stood; he was with the sick three or four times a day; above all he raised the men's spirits—they were dreadfully depressed at first—by playing foot-ball with them, letting all who liked shoot over the country, giving prizes for firing from horseback at empty bottles, etc. Lieut.-Colonel JACKSON, his commander, says:—"I have seen Lieut. KEMBLE behave well in a charge, but I think his conduct in this case even more commendable." And so do we.—*Lancet.*

If justice is done that man, he will be rapidly promoted for "brave and meritorious services."

On the Mode of Manufacturing Sugar-Coated Pills and Granules.

Mr. HENRY. C. ARCHIBALD in an inaugural essay, presented to the Philadelphia College of Pharmacy, published in the *Journal of Pharmacy*, gives the following as the process for sugar-coating pills. In view of the extensive use of medicines in this form it will be of interest to our readers.

The manufacture of sugar-coated pills and granules having of late become a source of great profit and trade to the apothecary, the mode of manufacturing them being kept secret, and the views advanced by some of our leading pharmaceutists being wholly inadmissible in preparing them, I have, from long practical experience, in their manufacture, determined to make it a subject for an essay. In order to make pills that shall medicinally come up to the standard of the U. S. Pharmacopœia in therapeutic effects, the greatest care requisite in their manufacture is in the selection of the drugs that enter into their composition; for that purpose it is advisable, when you manufacture them largely, to buy the crude drugs, and from them prepare extracts, powders, etc., so as to insure the reliability of the pills, and to keep up for them the reputation they so richly deserve if properly prepared.

The first step in the process of manufacturing pills is essentially as follows: Sufficient mass is made up at one time to be capable of being divided into 2,000 pills, great care being observed to have it of sufficient hardness and tenacity to insure the pills after formation against indentation by pressure and crumbling into irregular pieces; after which the mass is rolled between two boards, the upper with teeth inserted for cutting the mass the bottom one having a gauge attached to the sides so as to regulate the sides to

suit the mass to be subdivided previous to rolling them out into pills; and, further, to insure accuracy, each subdivided piece of mass is carefully weighed on well-balanced scales, thereby preventing the possibility of any pill being larger than another. The pills are then cut by machinery suited to the size of the pill, and as they are formed roll into large shallow trays filled with some inert powder, which acts not only as an absorbent of the moisture in the pill, but prevents them, while drying, from becoming irregular and losing their shape. I would state that the trays vary in size, and are capable of holding from 7,000 to 20,000 pills when spread evenly over the surface. When filled the trays are removed and kept in a heated room, the temperature of which is regulated as nearly as possible to from 80° to 90° F.; when of sufficient hardness they are separated from the powder by sifting, and a coating of a solution of warm gelatine is placed over them, and when thoroughly diffused over the pills, some inert powder is thrown over them to prevent their adhering together. After the gelatine has thoroughly fixed itself upon the pills they are thrown into a large circular copper pan, suspended over a fire by means of chains attached to the ceiling, and a thick syrup, made in the proportion of 2 lb. av. of sugar to ℥ xii, of water, is added successively with constant attention until dry, and so on until the pills assume a neat and regular appearance. The time it takes to coat pills properly varies much according to their nature; those composed of resins which become soft by heat it takes a longer time, from the fact that you have to lower the temperature of the fire, and consequently a longer time is required to drive off the water in the syrup; but, from experience, I can safely say, that the average time consumed to coat properly a batch of 7,000 pills is from 9 to 10 hours. As thus prepared, the sugar crystallizes regularly upon the pill, and presents to the eye not only a uniform but a smooth appearance, they are entirely soluble and will keep for an indefinite period without becoming hard, and consequently more or less insoluble in the gastric juices of the stomach. I present herewith some compound cathartic pills, together with granules of morphia, made and coated by the above process, which have been on hand about four months.

Granules are made upon the same principle by incorporating the alkaloids or salts with some inert powder and gum arabic for its adhesiveness, and are dried and coated in the same way. I could still further enlarge upon the above process, but my sole aim is to present in as brief a manner as possible only the chief points in their mode of manufacture.

—— A young lady of St. Louis has been suffering for several years past from symptoms of mercurial poisoning. For a long time no cause could be ascertainied, but a dentist finding that she had her teeth filled with mercurial amalgam, came to the conclusion that the chlorine contained in her saliva might have generated corrosive sublimate. He therefore removed the amalgam and put in gold. She has since recovered her health.

International Conferences of the Societies for Succoring the Wounded Combatants of the Army and Navy.

After the termination of the International Medical Congress at Paris on the 26th of August, there will be held, from the 26th to the 31st inclusive, international conferences of all the Societies for succoring the wounded combatants of the Army and Navy.

To these conferences are invited the delegates of the societies for succoring wounded soldiers of all countries; all civil and military medical men; the Knights of the orders of Malta, Saint John of Jerusalem, and Teutonia; the members of all monastic orders devoted to the practice of charity; in fact, every one who feels a scientific and philanthropic interest in the propagation of the labor. Those ladies who have shared in the labors of this work are also invited, as well as those who are desirous to assist in it.

In order to take part in these Conferences, it will be enough for any one to declare their name, position in life, and address, to the office of the Committee at Paris, 18, Roquepine, or at the International Exhibition of the Societies for succor in the Champ-de-Mars. The fee for registration is fixed at ten *francs*. The labors of the conferences will be guided by a president and four vice-presidents, nominated by the majority of votes of the general commission of delegates, with an office consisting of two general and four ordinary secretaries.

The letters or memoirs sent by those who cannot attend the Conferences will be examined by the office, and reported on according to time and circumstances. Any speaker or author of a memoir wishing to bring before the assembly any subject differing from those on the orders of the day and in the programme, must first submit his wish to the president. The reports of the proceedings will be printed, and every member will receive a copy free of expense.

In order to facilitate the work of the office, the members of the International Conference are requested to leave their addresses at the Society for Succor, 18 Rue Roquepine, or at the General Exhibition of the Societies for Succor at Champ-de-Mars.

Questions to be Discussed in the Public International Conferences of the Societies for Succoring Wounded Combatants of the Army and Navy.

1. In which of the articles of the Convention of Geneva would any amendment be desirable?

2. What others would it be desirable to add to them?

3. How would it be possible to ensure their inviolability, and to obtain the adhesion of countries which have not yet given it?

4. What are the most expeditious means of carrying away the wounded from the field of battle, and giving the readiest access to them to the members of the Society?

5. Ought the Succor Societies to establish hospitals in proximity to the presumed theatre of war?

6. What instructions should be given to the

delegated members of the Society working at the theatre of war?

7. How can the delegates of the Society follow the large general head-quarters with a small staff and train of appliances?

8. How can the indispensable correspondence with the enemy's Succor Society be established?

9. How can the *materiel* and the officers of the Succor Societies be made neutral after the declaration of war, so as to facilitate the communication of the respective agents?

10. By what means can the population of the seat of war be incited to take part in the work?

11. What is the best way to make a shelter for an ambulance?

12. What appliances would the Conference recommend by preference for adoption by the different committees of the Succor Societies?

13. How far should the Society trouble itself about the disinfection of the battle-fields; and is this task within the scope of the Succor Societies?

14. What would be the best method of giving information at head-quarters, or to the relatives of the killed and wounded, of the death or maiming of the combatants?

15. How, during time of peace. the Committees of Succor should prepare themselves to work in time of war?

16. Is it desirable that an international journal of the Succor Societies should be established?

17. Would it not be advisable that the meetings of these Societies should be held biennially in a different capital.

Count F. DE ROHAN-CHABOT, Secretary General.

Paris, May 4th, 1867.

Criminal Abortion.

A correspondent of the N. Y. *Medical Record* cites the following case as illustrative of the deep root which the crime of abortion has taken, even among those who should know and do better:

"A few weeks ago a well known clergyman in the district in which I reside called at my office for a confidential professional interview, and in the course of our conversation he came at the subject, which was that of a proposal for aid in producing an abortion upon his wife. After I had sufficiently recovered my surprise at this demand, I expostulated with him, and tried to use the usual arguments against the commission of the act, but, strange to say, while admitting the truth of my assertions, as he termed it, 'on high moral grounds,' he declared it to be his intention to have it done by some willing party upon whom he intended to call. It was a matter of expediency to him, he being, as he said, so peculiarly situated that a birth at the time it would be due, would be the most inconvenient thing in the world. He was not loth to have a family, and he pretended to believe that the Almighty could protect his wife through the parturient act, and made quite a number of pretty little arguments in favor of his project. But what was his excuse? Simply this—he was to sail shortly as a missionary, and he did not wish to *have his wife confined on shipboard!*"

Responsibility of the Chinese Physician.

The physician is greatly responsible for his patients. If he fails to cure, the patient or his friend may prosecute him at once. If through any inattention or mistake he has caused the death of a person, he must pay the penalty—which penalty generally means the support of the family. If through a fatal medical blunder this happens—he is for ever afterwards prohibited from practising his profession—a regulation that might, perhaps, prove advantageous in other countries. Visits are never charged; they simply charge for the medicine used, and it is always on trust until the patient gets better—conditions not very favorable for large incomes and great wealth.—DR. WILEY, *Cinn. Lancet and Observer.*

A Fatal Epidemic in the Island of Mauritius.

The *Overland Commercial Gazette*, a paper printed at Mauritius, gives a full account of a disease raging on that Island, and especially at Port Louis.

This disease is a non-contagious fever, yet it is epidemic, and has assumed a most virulent form. Upwards of six thousand persons died in March, and the first half of April the mortality of the island reached upward of five thousand more. Port Louis alone, during this latter period, lost two thousand eight hundred and seventy-nine, out of a population of eighty thousand. The disease seems to be confined mainly to the north-west part of the island, and the number of deaths up to the 18th of April, is estimated at 13,564 in the aggregate.

The cause of the disease is thought to be the filthy and crowded state of affected districts—at least, it is much aggravated by this, since those plantations where any care has been taken have been nearly free from the epidemic. Medicine is also exceedingly scarce, and on the 15th of April quinine was publicly sold at £12 an ounce. The authorities seemed just getting aroused to a sense of their duties, and some vigorous sanitary measures were about to be inaugurated, according to the latest advices. Meanwhile, a favorable change in the weather was relied on to check the ravages of the destroyer.

The Princess of Wales.

On the occasion of the christening of the infant Princess in the apartments of the Princess of Wales, many who had not seen her since the commencement of her illness had the opportunity of paying their personal respects. They were surprised to find the illustrious patient looking not only well and happy, and having none of the air of fatigue and debility which so often follows a protracted confinement to bed and a severe illness, but looking really better and stouter than she has appeared to be for many months. We are happy to be able to add to this popular evidence the fact that the joint affected has now so far passed through the changes consequent upon the disorder which attacked it, that it may be stated with confidence that it will escape any distortion—that most serious and customary se-

quence of acute and protracted rheumatic inflammation, especially when occurring in the puerperal period. Happily, thus the Princess has passed through her severe ordeal not only with a constitution unscathed, but without permanent local injury. We congratulate herself and her medical attendants.—*Brit. Med. Journal.*

Influence of Condensation of Population on Life.

The Boston correspondent of the New York *Evening Post*, says that Dr. Edward Jarvis, of Dorchester, recently read a paper on the effect of Condensation of Population on Life, from which it appears that it is extremely rare to find a citizen of Paris with many generations of Parisians among his progenitors. London needs ten thousand recruits from the country every year to keep its numbers good. There is a much larger proportion of deaths by zymotic and nervous diseases in the city than in the country, while the proportion of deaths by old age is thirty-seven per cent. larger than in the city. The mortality of children is much larger in cities than in the country—the excess of deaths of children under five years in English towns and cities from 1851 to 1860, being one huudred and fifty-two per cent. over the population prevailing in the country. Much of this excessive mortality is attributable to destitution and privation; the dangerous occupations and protracted labors of many of the inhabitants of cities; the compactness, narrowness and crookedness of the streets, leaving little chance for the circulation of air; and the extreme mental exertion and undue expenditure of the vital powers by the better classes. In so far as the causes could be removed the rate of mortality will be lessened. Sanitary improvements in nineteen towns and cities of Great Britain had reduced the rate of mortality from twenty-eight in one thousand to twenty-one in one thousand. In Liverpool the decrease was thirty per cent.

New Classification of Animals.

While speaking of science and England, I must not forget to notice a bold and singular theoretical enterprise of the celebrated Professor Huxley. This is no less than the upsetting of the time-honored classification of the vertebrated animals established by Linnæus. Instead of the usual divisions into quarters—fishes, reptiles, birds and mammifera—Huxley substitutes three classes, denominated respectively: the icthyopsida, sauropsida, mammifera.

In the first he places fishes and amphibia like the frog, the salamander, etc., connecting them by the following characters in common: they both breathe by the aid of branchia, at least during a part of their existence; during embryonic life they do not possess an amnios, and the allantoid is absent or rudimentary; their blood globules are nucleated; finally the lower maxillary bone does not articulate directly with the cranium. The second division, the sauropsida, includes reptiles and birds, an association justified by the following considerations: These animals never possess branchia, and breathe by the aid of lungs; the amnios and allantoid are both well developed; each branch of the maxillary bone is composed of several pieces, and articulates with the cranium by means of an intermediate bone (*os quadratum*). they have only one occipital condyle; the blood globules are nucleated; the epiderm is armed either with scales or feathers.

The mammifera contain the same individuals as in the standard classification, but their rank is determined from somewhat different characters. That they never have branchia, are always provided with an amnios and allantoid; that the greater part of the blood globules are nonnucleated; that each branch of the lower maxillary bone is simple and articulated directly with the cranium; that there are two occipital condyles; that the skin is furnished with hairs, and the females possess mammary glands.—*Correspondence New York Evening Post.*

A Sentiment by Dr. Holmes.

At the late meeting of the Massachusetts Medical Society, Dr. O. W. Holmes made some remarks in reference to a charge that in his writings he drew all his villains from the clerical and legal professions, he said:

"I am afraid I shall have to square accounts by writing one more story, with a wicked physician figuring in it. I have long been looking in vain for such a one to serve as a model. I thought I had found a very excellent villain at one time, but it turned out that he was no physician at all, only a ——— I mean not what we consider a practitioner of medicine.

"I will venture to propose a sentiment which, as I am not a working physician, need not include the proposer in its eulogy:

"The Medical Profession—so full of good people that its own story tellers have to go outside of it to find their villains."

Microscopes in the French Exposition.

A correspondent of the New York *Evening Post*, writing from Paris, says:

"London, Paris and Liverpool rival each other in the beauty and wonderful power of their microscopes. M. Vachet, one of the most celebrated makers in Paris, exhibits a great variety. In the principal model the body of the instrument inclines on its axis; the adjustment of the focus is effected at first by a coarse rapid screw, then corrected by the micrometric screw; the platform, covered with blackened glass, possesses a convenient movement of rotation; the mirror, plain on one face, concave on the other, is articulated; there is a slide to receive the diaphragms, &c. The binocular microscope, constructed on new principles, gives stereoscopic images; by looking with both eyes at once, one obtains magnificient objects in relief. There is also a three-bodied microscope, destined for zoological studies, and adapted for the observations of fugitive objects by several persons at one time. M. Vachet also exhibits a series of eight lentilles for objectives, whose magnifying power varies from twenty-five to one thousand five hundred diameters. The most powerful lentil is almost imperceptible.

"From England three principal makers rival each other in combinations and richness of con-

struction. Ross, who sends four models of extraordinary proportions, dazzling with perfections; BECK, who makes a specialty of the binocular-stereoscopic microscope; DALLEMEYER, renowned for the quality of his photographic objectives."

Dr. Hjaltelin of Iceland.

Among the foreign visitors at present residing in London is Dr. HJALTELIN, of Iceland, who is already favorably known to the British medical public by several scientific communications, translations, of which have appeared in some of our medical journals. Dr. HJALTELIN is a native of Iceland, but he received his medical education in Denmark, to which the island belongs, and in Germany. One of the objects of Dr. HJALTELIN's visit to this country is to exhibit to the profession some specimens of cod-liver oil, prepared under his superintendence from the livers of the Icelandic cod, the fish being said to attain a very high degree of development in that hyperborean region.—*Brit. Med. Journal.*

—— METEOROGRAPH. Among the objects of great interest to scientists in the Paris Exposition are the diagrams, made by the admirable instrument for registering automatically the changes in the temperature, pressure, moisture and motion of the atmosphere, invented by Father Secchi of the College of Rome.

ARMY AND NAVY.

ARMY.

Assigned. Newly appointed Medical officers of the army have been assigned to duty as follows: Assistant Surgeons George S. Rose and J. H. Bartholf to First Military District; A. C. Gerard to Second Military District; Benjamin P. Wilson to Fourth Military District; E. A. Kœrper and H. McL. Cronkhite to Fifth Military District; Calvin DeWitt, B. F. Pope, F. Le B. Monroe, R. M. O'Reilly, and Thomas F. Azpell to Department of the East; George H. Gunn to the Recruiting Depot at Carlisle Barracks, Penn.; J. O. Louderdale to accompany a detachment of recruits from New York to San Francisco, Cal., and upon arrival to remain on duty in the Department of California; Richard Powell to accompany a detachment of recruits from New York to San Francisco, Cal., and upon arrival, to proceed to the Department of Columbia for duty in that department; A. D. Wilson to recruiting rendezvous, New York City; T. E. Wilcox to recruiting depot, Newport Barracks, Ky.

Ration of Hard Bread. On the recommendation of the Commissary General of Subsistence, so much of General Orders No. 226, dated War Department, July 8, 1864, as establishes the ration of hard bread at twelve ounces, is rescinded, and the ration of hard bread will hereafter be one pound avoirdupois.

Asst. Surgeons Albert Hartscuff, and W. H. Forwood, have been ordered before a board for examination for promotion.

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]

MARRIED.

ANTHONY—HELME.—May 22d, by Rev. Francis Smith, Walter E. Anthony, M. D., and Miss Nellie Helme, all of Providence, R. I.

BRUSH—LATHROP.—May 29th, in Springville, Susquehanna county, Pa., by Rev. John E. Barnes, M. D., Platt Edward Brush, M. D., and Mrs. Julania Lathrop.

CAFFEE—BURHAM.—At Carthage, Jasper co., Mo., May 21st, by Rev. J. C. Willoughby, Amos H. Caffee, M. D., and Miss Lacie A. Burham, of Washington, Iowa.

CRAIN—ANDERSON.—At Althea Place, Silver Spring Township, Cumberland county, Pa., on the 6th inst., by Rev. W. G. Hillman, Richard M. Crain, M. D., of Hoguestown, Pa., and Miss Mary E., eldest daughter of James Anderson, Esq.

HAIGH—WELLS.—In New York, on Tuesday, May 28, by the Rev. Stephen H. Tyng, Jr., Thomas Haigh, M. D., and Emma F. Wells, all of that city.

HOPKINS—RICHARDS.—In Chambersburg, Pa., on the 5th inst., by the Rev. J. A. Crawford, Henry Harrison Hopkins, of Maryland, and Annie C., eldest daughter of Dr. J. C. Richards, of Chambersburg.

MCCARTNEY—MCAYEAL.—On the 23d of May, by Rev. S. Taggart, assisted by Rev. W. G. Reed, Dr. J. C. McCartney and Miss Mary H. McAyeal, both of Tarentum, Allegheny co., Pa.

MORGAN—DAVIS.—On the 12th inst., at the residence of the bride's parents, No. 1628 Vine street, by Friends' ceremony, in the presence of Mayor McMichael, Dr. William W. Morgan, and Hannah S., daughter of David M. Davis, all of this city.

ROTH—ANGERER.—In this city, on the 4th inst., at the residence of the bride's parents, No. 251 North Fifth st., by the Rev. W. T. Mann, D. D., Dr. Theodore Roth and Miss Emma E. Angerer.

WEST—FRAZER.—At the Burnet House, Cincinnati, June 30, by the Rev. Wm. Allen Fiske, Rector of St. Paul's Church, C. W. West, Esq., and Miss Nannie, eldest daughter of the late Dr. H. W. Frazer, all of Cynthiana, Kentucky.

WHITNALL—MINARD.—At the residence of the bride's father, A. Minard, Esq., Morristown, N. J., June 12, by the Rev. Bishop Janes, assisted by the Rev. J. B. Sheerer, H. Goodell Whitnall, M. D., of Syracuse, New York, and Miss Amanda E. Minard.

DIED.

STEWART.—At York Springs, Pa., on the 9th of March, Dr W. R. Stewart, in the 65th year of his age. He was the oldest son of the late Dr. Alexander Stewart, of Shippensburg, Pa., and was a graduate of the University of Maryland, and an eminently successful practitioner for forty years.

WRIGHT.—May 24th, in Hamilton county, Ohio, Mrs. Sophia Huntington Wright, wife of Dr. Thomas Wright, and daughter of the late Dr. Samuel Huntington, of Vermont, aged 72 years.

OBITUARY.

Dr. James M. Good.

At a meeting of the physicians of West Chester, held June 14th, 1867, Dr. ISAAC THOMAS was called to the chair, and Dr. WM. B. BRINTON appointed Secretary. Dr. J. PRICE offered the following preamble and resolutions, which were unanimously adopted.

Whereas, In the freshness of his early manhood, our friend and neighbor, Dr. JAMES M. GOOD, has been cut down by the hand of death, and prompted by deep sympathy for his bereaved mother, as well as high regard for the memory of the deceased, we have met together as members of a common profession, to give expression to our feelings upon this sad occasion; therefore,

Resolved, That in the death of our young friend, whose urbanity and kindness of heart had endeared him to us all, we recognize the hand of an inscrutable Providence, in whom we trust, and who we believe "doeth all things well;" and while we bow in submission to his will, we cannot but give expression to the sadness that fills our hearts at this dispensation.

Resolved, That our sympathies go forth to his relatives,

and especially to his widowed mother, in the deep affliction that rests upon her in the loss of her only child, a dutiful and affectionate son. And conscious of our utter inability to afford consolation, we commend her to Him "who is ever ready to comfort the afflicted and bind up the broken-hearted."

Resolved, That in the early death of Dr. GOOD, our profession has lost a member who, by his mental culture and professional attainments, upright and gentlemanly bearing, gave promise of a life of usefulness and honorable distinction.

Resolved, That a copy of the foregoing be furnished to the mother of the deceased, and also offered for publication in the papers of the county, and in the MEDICAL AND SURGICAL REPORTER, of Philadelphia.

[Signed) ISAAC THOMAS, President.

Attest—WM. B. BRINTON, Secretary.

HAYS.—In Philadelphia, May 4, 1867, of consumption, W. L. Hays M. D., a graduate with full honors, of the Jefferson Medical College, of four years' standing, in the 26th year of his age.

Dr. HAYS was gifted with a mind of great brilliancy, was a hard student, affable and courteous to all, generous to a fault, an accomplished practitioner, a true and devoted friend, and was ardently attached to his profession, but which he was compelled to relinquish some twelve months since, in consequence of severe and protracted ill-health.

In the death of Dr. HAYS, his family have lost a cherished and beloved son and brother; his acquaintances and associates a genial and valued companion; the medical profession a greatly-esteemed member, and society at large one of its brightest ornaments.

As a tribute of affection to merit and virtue, these lines are inscribed in grateful recollection by a friend and classmate. T. H. A.

METEOROLOGY.

June,	3,	4,	5,	6,	7,	8,	9,
Wind.....	S. W.	W.	S. W.	N. W.	N. W.	N. E.	N. E.
Weather....	Cl'dy. Rain.	Clear	Clear.	Clear.	Clear.	Cl'dy. Rain.	Cl'dy. Rain.
Depth Rain..	6-10						9-10
Thermometer.							
Minimum.....	61°	67°	68°	70°	65°	46°	51°
At 8, A. M.....	70	69	76	79	73	67	52
At 12, M.....	79	74	79	84	78	65	54
At 3, P. M.....	78	75	81	86	77	66	58
Mean.....	72.	71.25	76.	74.75	73.25	61.	53.75
Barometer.							
At 12, M.....	29.7	30.	30.1	30.1	30.1	30.	30.

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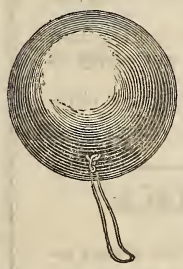

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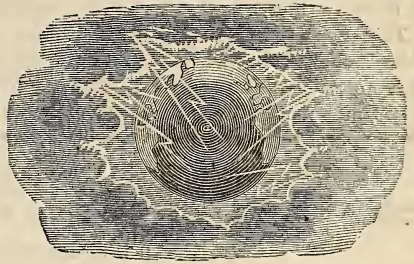

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Propylamine	2.545		none	
Acetic, Lactic, and Butyric Acids	6.000		.120	
Extractive (undetermined)				
Gaduin etc	10.620		.318	
Non-oleaginous Organic Constituents		69.165		.438
Phosphorus and Phos. Acid	2.090		.113	
Sulphur and Sulphuric Acid	.200		. 71	
Iodine	.154		. 37	
Chlorine with trace Bromine	1.525		.149	
Soda	1.170		. 55	
Magnesia	.366		. 9	
Lime	.510		.152	
Potash	.211		none	
Ammonia	2.862		none	
Inorganic Constituents		8.988		.586
Water and Loss		21,747		3.009
		100 000		100.000

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UTERINE DISPLACEMENTS.

Delivered in brief before the New York Academy of Medicine, Section on Obstetrics, May 12, 1866.

By E. P. Banning, M. D.,
Of New York.

[The demand for this article, which was published in the Reporter in June, 1866, has been so great that, to accommodate many readers, we have been requested to reproduce it, in a somewhat modified form, as *extra* matter.—Eds. Med. & Surg. Reporter.]

I believe it is admitted in professional circles, that the domain of medicine alone, unaided by physical forces, has hitherto proved inadequate to all the requistions of malposition of the uterus; especially those of ante and retroversion, for the manifest reason that these cases are, in part, of a *mechanical* nature. And although this fact has driven some of the brightest lights of the profession to the use of a variety of ingenious instrumentalities, still, in the aggregate, it remains a grave doubt, whether success has been very greatly enhanced by them; at least, certain it is, that the desideratum is not yet supplied; and I propose to submit a few suggestions, touching the reasons of so partial a success. In attempting this, I shall pretend to no more than an ordinary professional intelligence; indeed, if successful to any good degree, it will be owing to my taking a *mere common sense* view of the obvious *mechanical* forces in the premises, being gladly content to leave the departments of medicine and hygiene in far better hands.

Of the Mechanical Pathology of Uterine Obliquities. From much observation, I am induced to think that the prevalent pathology of uterine obliquities is more or less defective, its ruling idea seeming to be, that the physical causes originate *within*, and are mainly confined *to* the internal pelvic tissues; whereas, to the writer, it seems manifest, that in the premises, the pelvic contents are, in the main, only the objective point, and that the abnormal status there, both primarily and proximately, is caused more or less by a relaxation of the abdominal and dorsal muscles and ligaments, and by a consequent undue gravitation, not only of the abdominal contents upon the pelvic organs, but also of the whole trunk, which has lost its true centripetal bearings, and has fallen forward of its spinal axis, in consequence of a diminished and unbalanced action of its muscular braces.

To illustrate: at a mere glance at Fig. 1, we see plainly, that the mathematical combinations of such a figure produce a *centripetal* state of all the trunkal bearings, or in other words, a balancing of the superior trunk upon, and behind the spinal axis, (or point d'appui,) a tension of all the abdominal muscles, a consequent expansion of the chest, and a protection of the pelvic viscera from superincumbent abdominal weight, by a steady maintenance of the whole visceral series in the ascendant. Add to this, the fact, that in such a figure, the medial plane of the pelvis is rendered comparatively vertical, and the lower abdominal cavity correspondingly small, anteroposteriorly. By this combination, not only is the descending weight of the viscera impeded, but also, the force of visceral gravity is compelled to fall upon the pubes, and not upon the uterus, rectum, and bladder, in the direction of the inferior strait.

On the other hand, a glance at Fig. 2 shows, almost painfully, that a *centrifugal* state *revels* as it were, throughout; for see, the spine has retreated *behind* the body, leaving the whole trunk to hang forward *from* the spine, and not to swing *behind*, or to rest upon it, as in Fig. 1.

Fig. 1.

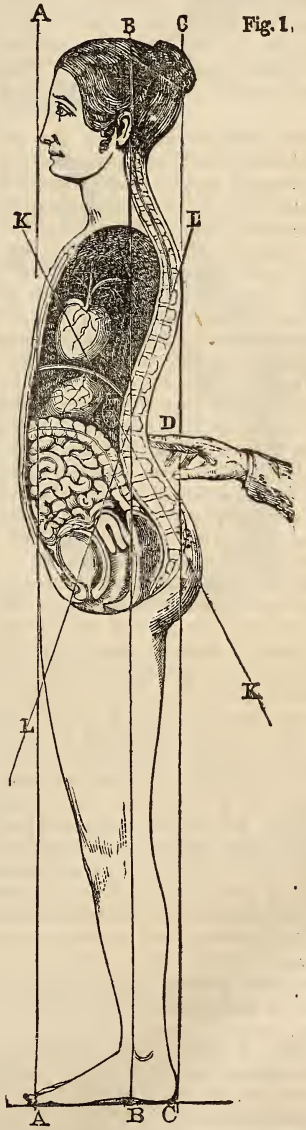


Fig. 1.—Side-view of erect posture, with natural upward and inward bearing of the internal organs.

This state causes the chest to droop, the ensiform cartilage to retreat toward the spine, the medial plane of the pelvis to become horizontal, like a dish, the distance between the sternum and symphysis pubis to be much diminished, and the abdominal muscles to become flabbed; also, the inferior abdominal cavity becomes greatly enlarged, antero-posteriorly, and the head, shoulders. and visceral series descend, and of consequence, press with corresponding force upon the uterus, bladder, and rectum.

The contrast between the two is complete; and, whatever *inherent* causes there may be to produce uterine obliquity, is it not certain that such a condition of the internal, middle, and superior trunk, as is represented by Fig. 2, must greatly augment the evils, and remain at least an *obstacle* to a complete curative action; and, is it not also evident, that this undue pressure must be greatly augmented by the superinduced horizontal state of the medial plane of the pelvis.

Curative Indications.—The idea of uterine obliquity being caused or aggravated by superincumbent *trunkal* weight, being conceded, light at once breaks, as to some of the indications of cure. First, we should remove the superadded burdens from the uterus and its ligaments, by restoring the body to its normal or centripetal bearings, as in Fig. 1, by pushing forward the point d'appui, or dorso-lumbar portion of the spine, to an axial line between the ankle and the head. Thus we immediately restore the normal philosophical bearings of the skeleton trunk. (See mathematical diagram, Fig. 1, compared with that of Fig. 2.) For, by thrusting this portion of the spine forward into the vertical axis of the body, the very weight of the head and shoulders becomes an *elevating* agent, a tensor of the abdominal muscles, and a consequent contractor of the inferior abdominal cavity, by being compelled to throw its gravity *behind* the spinal fulcrum. This also has compelled the upper sacrum to advance, the symphysis pubis to correspondingly depress and retreat, and thereby restore the normal pelvic obliquity, which shelters the organs in the inferior strait *below* and *behind* the upper sacrum, and compels the pubes and lower abdominal muscles to receive the principal abdominal weight, which is here supposed to be so burdensome to the uterine ligaments. This balanced state of the trunk upon its fulcrum, and this elevated state of the viscera, once permanently accomplished, whether by nature or art, the case is changed from that of a general trunkal derangement, to a mere local one, and the inherent and artificial resources are left to contend only with the inconsiderable weight of the uterus.

How shall we restore the normal relations of the external and internal trunk to the pelvic viscera?

Perhaps this question can better be answered by first showing how the object *cannot* be accomplished.

First, then, it cannot often, if ever, be done by medicine alone, inasmuch as, if medicine removes every predisposing *constitutional* influence in the premises, it could not change that abnormal *mechanical* status, the reflex effect of which is to negate the legitimate tendency of medicine (*i. e.*, in confirmed cases.) On this point, general experience is so stubbornly unfavorable as to silence all opposing reasoning *à priori* on the subject.

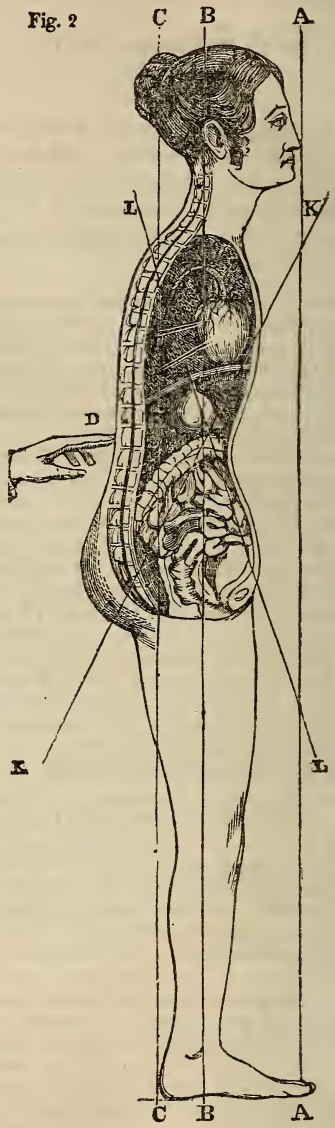


Fig. 2

Fig. 2.—Side-view of drooping posture, with internal organs suspended and compressed.

Second: It cannot be accomplished solely by such a physical discipline and culture of the body as evidently would have tended to *prevent* the obliquity, inasmuch as the laws of prevention and removal are not necessarily identical, and often bear no analogy to each other. To illustrate; (speaking only of physical combinations,) it is palpable, that habitual energetic muscular action, (when according to order,) tends to generate an increase of muscular power; but when muscles have *lost* their powers from *excessive* or protracted exer-

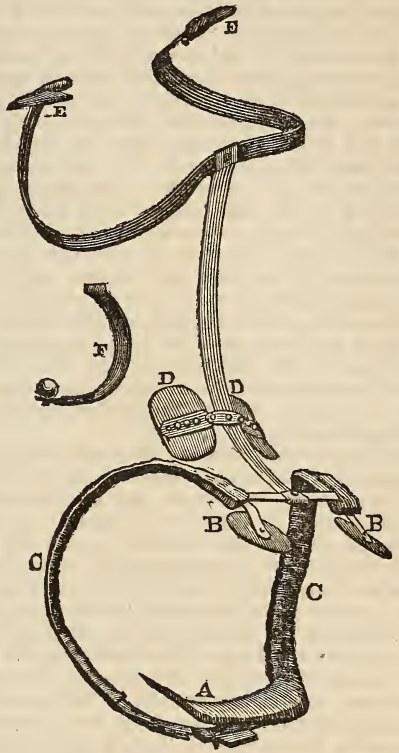
sise, shall we quote the law of labor to the exhausted patient, and urge him to stimulate his muscles by great effort? It is a fact too, that *motion* is the law of a joint; it not only secures due lubrication of the articulations, but also tends to protect the surface from indurations, etc. But who would think of remedying a *dislocation* by urging the patient to use his joint by strong muscular efforts? The truth is, the laws of function and those of casualty are very different. Nevertheless, there are many physicians of the first intelligence, who, seeing clearly the necessity of elevating visceral weight from the uterus, even while the uterus rests upon the perniæum, place their patient upon a system of walking, riding, and gymnastics, under the idea that the obliquities being mainly induced by muscular laxity, must be removed by cultivating the inherent muscular resource. This answers very well for *logic*, but does not meet the facts; indeed, the writer has had fall into his hands, forlorn hopes, who have by this regimen of *logic* been reduced to helplessness, the muscular efforts nearly always increasing the uterine descent, when entered upon after the descent was fairly under way; whereas, with a *normal* state of the pelvic relations, such effort tends to preserve that state, the aggregate muscular action, in that case, being in the ascendant. With me, these cases have borne uniform testimony to an immediate consciousness of an increased depressing influence. Again, in many cases, this laxity of the abdominal muscles has been so entirely the *result* of excessive and protracted muscular stress, that to apply the law of labor to them as an excitant, is simply absurd: as much so as to shout to a man suspended by the arms, "Keep trying your muscles, and that will strengthen them to lift you quite up to the platform; whereas, the only trouble is his weight, and previous efforts have reduced him already to helplessness. Such has been the writer's observation on this point, that to confine such patients to internal remedies and urge muscular effort, is to actually insult the patient. Thus, then, in confirmed cases, it is evident, both *à priori* and from general experience, that the removal of visceral weight from the uterus, will not be effected by medicine, or by the will-power of the patient.

We see then, that our main hope in the premises lies in such mechanical force at the shoulders, spine, and inferior abdomen, as shall *concordantly* and at once, elevate the viscera, push forward the dorso-lumbar portion of the spine, and throw the shoulders behind the spinal axis. This should be done partly by force at the first, and lastly by a sort of *provocative* action, which, under a proper regimen, will gradually *educe* the inherent muscular resources. Accordingly, I have, for the last twenty-five years, made it the study of my life to devise such a combination of mechanism as shall supply this desideratum.

It represents the combined abdominal, spinal, and scapular forces of the trunk, in their simultaneous exercise, and consists of the following three points, viz.: 1st, an abdominal pad, *looking upward;* 2d, a steel spring, or spine, with a supporting saddle or spinal fulcrum, pushing forward; and 3d, a shoulder bow attached, looking and acting backward: When this combination (which I denominate the abdominal and spinal shoulder-brace) is applied to the subject with settled viscera, a retreated spine, and advanced shoulders, an immediate and universal change in the external appearance and internal condition is accomplished: *i.e.*, the spinal, abdominal, and shoulder parts of the brace, force the viscera upward, the dorso-lumbar spine forward, and the shoulders backward, effecting the relief of the pelvic viscera, from superincumbent pressure, by visceral elevation, waist and chest expansion, and the poising of the superior trunk *behind* the spinal axis. It is particularly worthy of observation, that all this is performed almost in a natu-

FIG. 3.

Abdominal and Spinal Shoulder Brace.



A. Front-pad elevating abdominal viscera.

BB. Pads supporting the glutei muscles on either side of the sacrum.

CC. Bows of main-spring rising above the innominata, sitting immovably upon the body.

DD. Aggressive support to either side of the dorso lumbar spine.

EE. Spring support resting upon the head of each humerus. The combined action being to elevate the viscera, sustain the spine in proper form, and poise the upper trunk *behind* the spinal axis.

F. Spring support for prolapsus ani, and hemorrhoidal tumors attached to the base of the spring supporting the spine.

ral way, without restraining the free action of a single muscle, the compressing of a single nerve, blood-vessel, or cartilage, or the constraint of a single motion; but on the contrary, so *concordant* and yielding is the action, as to at once, rest and also provoke or excite the dormant resources to increased effort.

Of Uterine Retroversion. The remaining physical facts are simply these, viz. An examination shows the uterus not only to have subsided nearly or quite upon the perinæum, but also to be occupying a horizonital position, with its fundus resting with more or less force upon the rectum; and pelvic nerves, and the *os* looking upward; perhaps a pear, lying at rest in a basin of water, will accurately represent the uterine bearings in the case. In this condition, obviously, both the broad and round ligaments must be elongated, tensed, and exhausted, and their points of insertion subjected to a more or less dragging or extracting action; the bladder must all be correspondingly dragged downward and backward. All these things, together, furnish the clearest explanation of the sense of tormina and pressure in the sacrum, the desire to evacuate the bowels, and the sense of physical obstruction in the effort to do so, also the annoying dragging sensations at the insertions of the round and broad ligaments, and the more or less perpetual desire to urinate, with an unsatisfied feeling on making the attempt.

Indications in the Premises. Of course two things are indicated, viz., 1st, to restore the *proper axis* or *vertical* position of the organ, and next, to *elevate* it to the superior strait of the pelvis. But the accomplishment of these indications with any tolerable facility, and to a comfortable degree, has, so far as I can learn, fallen short of the object, so little temporary or permanent benefit being derived from all the means used, as often to leave both physician and patient in doubt whether the end gained has justified the means. To restor the uterus to situ temporarily, in the *recumbent* position, is usually an easy thing, but to *retain* it thus, when the body is vertical, is quite another thing.

The exigencies of the case have compelled the use of a variety of devices, with nearly an identical result. The globe pessary, by its *bare volume*, has elevated the uterus *some*, but done *nothing* toward restoring its axis or vertical position, (the important point,) and, in the meantime, it has weakened the vagina, perinæum, and vulva, by distension, and more commonly, it has utterly failed of even *elevating* the uterus, through its occupying *forward* of, and not *under* it.

The end, indeed, is always worse than the begining. But perhaps the *horse-shoe pessary*, has, in skilful hands, figured the most usefully; but this, too, has always weakened the vagina by the extent of its circumference, and failed of preserving the uterine fundus in situ, because, having no *fixed point*, it is usually compelled to change *its* axis also, under the pressure of the retroverting fundus, and the process of defecation. Such is the action of all the varieties of pessaries which have only an *internal* base, as they must ever lack a lever, or fixed point.

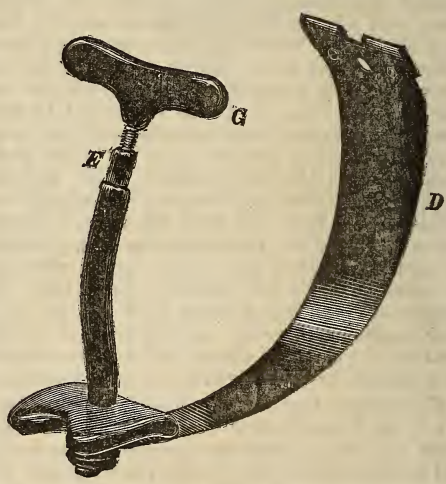
Apppreciating this dilemma, the distinguished Dr. Simpson introduced the "steam pessary," with an external base. This instrument, by occupying the uterine cavity and making a fulcrum of the cervix, compelled the uterus to be reposited; but as might be expected from so unnatural a process, (with but few exceptions,) most undesirable and sometimes unmanageable results have attended; such as, uterine irritation, inflammation, profuse and frequent menstruation, and flooding. Besides all this, it can perhaps never be rendered self-adjustable; consequently, the nearest approach to the desideratum, has been almost totally discontinued in America. In this state of things, physicians anxiously compare notes, and then, with a shrug, stare each other in the face.

Having myself, for many years, been compelled to succumb to the general professional impotence in the premises, and, goaded on by a humane humiliation, under the pressing necessities, I have, after inexpressible trouble and discouragement, perfected a device, which I denominate a "uterine balance," which, attached to the abdominal and spinal shoulder-brace for an *external base*, has thus far most perfectly met all the indications without a single exception.

It occupies *vertically* in the pelvis, elongates

Fig. 4.

Uterine Balance for Retro and Anteversion.



A. Shaft, occupying the vagina vertically, and curved to correspond to the superior and inferior planes of the pelvis, and not to impinge upon the uterus or rectum.

E. T piece and sliding shaft; the shaft, with extending set screw, penetrating a hollow in the upper end of shaft *A*, in which is concealed a spiral spring, which gives an undulating or jumping motion to the *T*, thereby softening the pressure upon the cul-de-sac; the *T*, supporting the cul-de-sac, compels the flexed, verted and congested, uterus to be reposited without pain.

G. Accommodation vulva guard, admitting of defecation and micturition, supporting and closing the vulva, and acting as a guard against undue casual pressure on the cul-de-sac.

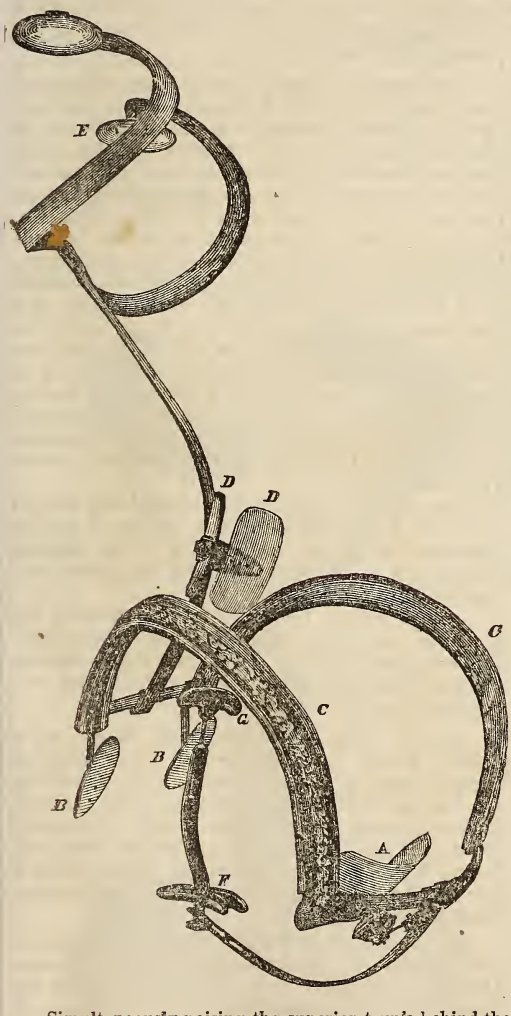
D. Curved spring, depending from front bar of brace, and firmly but yieldingly, supporting the balance in situ.

B. Loop, by which spring *D* is attached to the brace.

and contracts the vagina, and, passing *behind* the uterus, restores it to its altitude and axis, by supporting the posterior *cul-de-sac*, without impinging the uterus, or being at all affected by defecation; and, resting for its point upon a flexible external spring, protects against bruising or ulcerative pressure; to this, I also attach an *accommodation vulva guard*, which at once prevents any undue pressure upon D the cul-de-sac, *closes*

FIG. 5.

Abdominal and Spinal Shoulder Brace, and Uterine Balance, combined, for Retroversion or Flexion of the Uterus.



Simultaneously poising the superior trunk behind the dorso lumbar spine; expanding the chest; bracing the weak spine; restoring the normal obliquity of the pelvis, and elevating all the abdominal viscera, from the bladder, rectum, and uterus. *G* and *F*, supporting the *T* piece of the uterine balance against the posterior cul-de-sac, and compelling the retroverted or flexed uterus to be reposited, producing a lateral contraction of the expanded vagina, and avoiding impingment upon the uterus or rectum. (See Figs. 3, 4 and 5.)

the meatus externus, and admits of defecation and micturition, whilst the instrument is intact.

What is particularly noticeable in the premises is, the exceedingly small force requisite to retain the visceral situ, in consequence of the *centripetal* working of the spinal and abdominal shoulder-brace, thereby leaving the *uterine balance* to contend with no weight but that of the uterus; whereas, but for this, there would be danger that the balance would exercise an inflaming and ulcerative pressure in consequence of having to contend against the weight of the superior trunk and its viscera. Another important feature is, that contact with a congested or ulcerated uterus or vagina, which may be undergoing treatment, is obviated. In all the cases in which I have applied this apparatus, (other things being equal,) the most bed-ridden patient has immediately commenced exercises and enjoyments, and in the mean time, all the varied sympathetic affections have speedily subsided.

CASE 1, had for sixteen years (after injuries in labor) been the constant subject of retroversion, so as much of the time to be unable to stand; this was accompanied with much heat in the top of the head, confusion of ideas, vertigo, desperate melancholy, nervousness, irritability, palpitation of the heart, and indigestion. The sense of pressure upon the rectum, and the cramps in the thighs, were unbearable when standing; but especially was the annoyance great on attempting to evacuate the bowels. She had, for sixteen continuous months, been under the care of a distinguished physician of Philadelphia, who, by imposing constant recumbency and the adjustment of various pessaries, (frequently several times a day,) barely *improved* her state, from which she soon afterwards relapsed. Upon examining this lady whilst upon her feet, and after the abdominal and shoulder-brace had been applied, I was astonished to find how small an amount of support was requisite for holding the uterus in situ. I also noticed that my fingers passed *behind* and about two inches *above* the os uteri, and that the os was forcibly dragged back against my fingers, by the tension caused by crowding up the cul-de-sac.

To this lady the spinal and abdominal shoulder-brace had been applied, with great benefit to all of the symptoms, save the pressure upon the rectum. I then applied the *uterine balance*, attaching it to the brace in front. By all of which, the whole superior trunk was erected, the abdominal viscera elevated, and the uterus balanced. Immediately, the lady arose to her feet, and exclaimed, "That is it, you have found it at last." The lady improved rapidly, and has since (three years) attended to her household duties, frequently expressing some vexation, that sixteen years of such precious time should have been so unnecessarily wasted, and such unspeakable suffering have been endured.

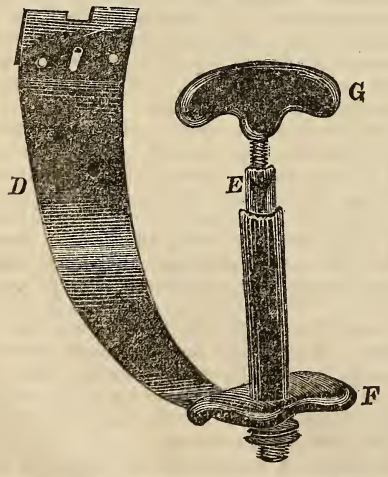
CASE 2. A lady, with the means to procure anything for her comfort, had for thirteen years been the constant subject of retroversion to such an extent, that shortly after standing upon her feet, the uterus and bladder were forced through the vulva, to the amount of a handful. As was to be expected, this also was attended with all

the sympathetic concomitants described in case 1. and, like that case had been exhaustive of all professional skill that could be obtained. In this case, the abdominal shoulder-brace and balance combined, were adjusted. Immediately this patient arose to her feet, and remarked to her husband, "Well, I could dance, I feel all up." In this case also, all the sympathetic symptoms subsided, and it may be instructive to state, that in a few months from that time, this patient attended to her own housework; often, in the forepart of the day, forgetting to put on her balance, she thought that ultimately she would dispense with its use. Other cases in illustration might be added from my case-book, to a great extent, but their similarity in most particulars, renders the above all that is requisite.

Anteversion of the Uterus. Of this uterine derangement, so nearly of kin to retroversion, there is a numerous class, than which retroversion has not proved more intractable. A digito-vaginal examination shows the following conditions, viz.: The vulva are found full and flabby, the labia disposed to be separated, and there usually will be felt a small tumor pressing with more or less force in front, crowding the *urethra* before it; quite frequently, this tumor is completely extruded, or rests constantly within the meatus; but, on assuming recumbency, it pretty uniformly recedes. On introducing the finger, the *os uteri* is found more or less posterior to the fundus, and the latter either resting on the top of the bladder, or has settled and fallen *against* it, and, by the weight of the abdominal viscera, is compelled to crowd the bladder before it. This protrusion of the bladder and urethra has given rise to the idea, that this state is a "*hernia of the bladder;*"

Fig. 6.

Straight-Uterine Balance, for Uterine Anteversion, and Flexion.



A. Straight and hollow shaft, concealing a spiral spring, and resting upon curved spring *D*, which depends from front bar of brace. (See Fig. 6.)

G and *E.* *T* piece and sliding shaft, with set screw, penetrating shaft *A*, which latter gives a softness to the supporting pressure of the *T*. This supports the anterior cul-de-sac.

but, inasmuch as I have ever found these cases accompanied by an anteverted state of the uterus, I can see no reason for so naming it, as, evidently, the settling of the abdominal viscera, amd of the *uterus* in consequence, is the *power*, and *not* the consequence in the premises. *Anteversion of the uterus*, it appears to me, is the proper name; and this more especially, as I find that a correction of the uterine status invariably relieves the whole train of morbid conditions. With this, the description of the patient corresponds, viz., "constant desire to make water;" "much heat and irritation about the parts;" a "feeling of constant openness, as though something wanted to be born;" "dragging feelings in the groins, and a bearing down in the front," "with *misery* in the small of the back."

Indications. Most obviously, the indications are, 1st, to elevate the abdominal viscera from the pelvic organs, by means of an abdominal and spinal shoulder brace. 2d, to both elevate the uterus to its normal height, in the superior pelvic strait, and to restore it to its normal axis, thereby removing compression from the bladder. This, of course, cannot be done by that form of uterine balance which acts so happily upon retroversion; because, in anteversion the posterior vagina is shortened, and the anterior elongated; consequently, any instrument acting *behind* the *os* would aggravate the case, by carrying the *os* still higher and further back. To obviate this, I change the form of the balance from that of a curve to a perfect straight; I then introduce it as in retroversion, only differing in that I carry it *front*, or between the uterus and bladder, and thus elevate the anterior cul-de-sac.

The result in each case has ever been, that so soon as I commence to push up the T of the balance, the tumor and fulness of the urethra commence to disappear, without my giving any attention to them.

I next attach the protruding portion of the balance, as before, to an external spring-base, which depends and acts from the *brace*, and the patient immediately gives unmistakable and progressive signs of improvement.

Case 1. Mrs. ——, Wiscassett, Maine, aged about thirty; had for several years suffered greatly from a "constant settling of something in her parts, which increased to a large external tumor, towards evening;" on sitting or standing, said heat and itching were intolerable, with constant desire to make water, and never satisfied by trying; limbs suffered much also from cramps and trembling.

One surgeon said it was a tumor, and proposed to extirpate it. Eminent surgeons in Europe, Boston, and New York, had been unable by pessaries, astringents, and tonics, to accomplish anything of importance for her.

On touching, whilst she stood, I found great relaxation of the vulva, and a fulness, as though the head of a fœtus was in the inferior strait. On directing her to bear down, (as at stool,) it seemed as though she would be eviscerated in a moment.

To this lady I applied the abdominal and spinal shoulder-brace, as a preliminary, to correct the

superincumbent bearings. This immediately aggravated the descent of the pelvic organs, as the lower bowels lay so far below the axis of the action of the external brace.

I then introduced the straight balance, and attached it to the curved spring, which descended in front, from the brace. The lady expressed immediate relief, and on the same day walked several miles with impunity. She has since made the tour of Europe, and recently presented me with the balance, saying that she had to wear it but a few weeks, retaining, however, the constant use of the abdominal and spinal brace, as "a general support, and a luxury."

Case 2. In brief, this patient had all the sympathetic, nervous, cardiac, digestive, and mental disturbance usually attendant upon anteversion; whilst *locally*, she complained of an intolerable "itching and bearing," about the mouth of the urethra, which was much of the time attended with an "unnatural and annoying sexual desire." Her propension to urination was very annoying, and accompanied by the presence of a "small rose" (tumor) at the mouth of the urethra, which disappeared on lying down; her limbs habitually trembled and gave way under her; in her hips she felt a great sense of fulness, crowding, and pressure, with dragging and "bearing down" in the hypograstric and iliac regions.

In this case I made no application but that of the brace and straight balance combined, which resulted in instant and permanent relief.

About eight weeks have elapsed since this application, and but two days since she reported herself to be "perfectly well and happy, in body and mind;" and so it has been through a lengthened list of cases.

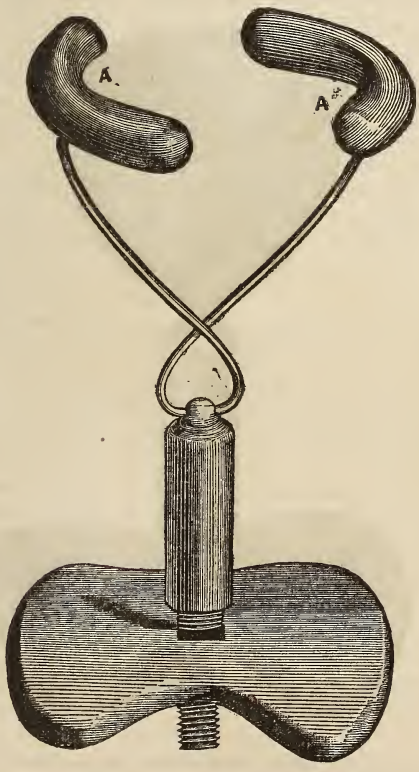
Lateral Obliquity.—This form I have found much less frequently than either of the other two; and, abundant experience has shown, that for complete relief from it we have only to carry out the above principles, modifying the balance by bifurcating its extremity, so as to support the cul-de-sac at each side of the uterus. If this latter form of balance were used in cases of ordinary prolapsus, or procidentia uteri, how much better would it be than to apply the bungling globe, or horse-shoe, by distension, and acts as a fruitful source of leucorrhœa, which latter symptom I have usually found to disappear on the application of the above combinations.

A Radical Cure.—We now see, that by this combination, the uterus is completely reposited, the vagina both elongated and transverely contracted, and the uterine ligaments, and the tissures of the vulva so totally rested, as to encourage all the parts to regain their normal length and strength. Further, I have to add on this head, that five of my patients have recently reported; two of which have t tally recovered, and the other three are gradually discontinuing the use of the combination.

And now, may I not respectfully ask, whether the profession, and the timid patient, can ever *hesitate* between the choice of this comfortable, self-manageable and successful process, and that of the bloody, painful, intimidating, and, to some extent, uncertain operation, by the knife and needle.

Fig. 7.

Bifurcated Uterine Elevator, for Procidentia and Lateral Obliquity of the Uterus.



A A. Segments of hard rubber circles, supporting the cul-de-sac on either side of the uterus, and resting upon elastic spring wires.

B. Accommodation vulva guard, all resting upon curved spring *D*, which depends from front far of brace. (See Fig. 6.)

NOTE.

Since the publication of this article, in the Reporter of June last, I have been induced by an eventful experience, in both lateral obliquity and complete procidentia, without any obliquity, to substitute the large or small size of what I term the circular and oval ring elevator, (Figs. 8 and 9,) for the bifurcated one; not that they support any better, or are quite so scientific in some respects, but for the following reasons: 1st. The bifurcated elevator is considerabl ydifficult of insertion by the patient, owing to the difficulty of keeping its segments together, whilst passing them through the vulva; and, 2d, because of the tendency of the points of the supporting segments to catch in the folds of the

FIG. 8.

SMALL RING UTERINE ELEVATOR, IN COMBINATION WITH ABDOMINAL AND SPINAL SHOULDER BRACE, adapted to cases of procidentia, where there is no uterine congestion or enlargement, and where the external meatus is small, rigid, or irritable.

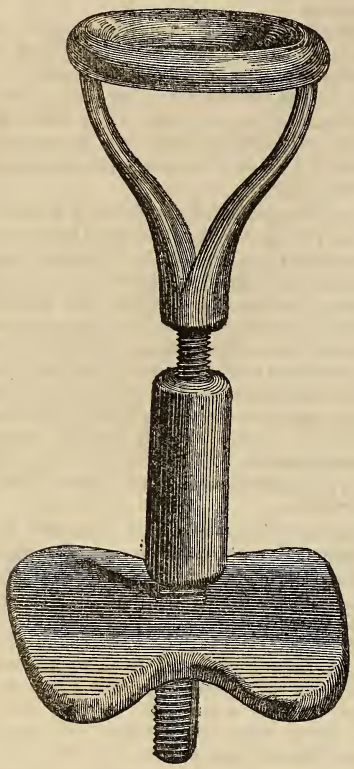
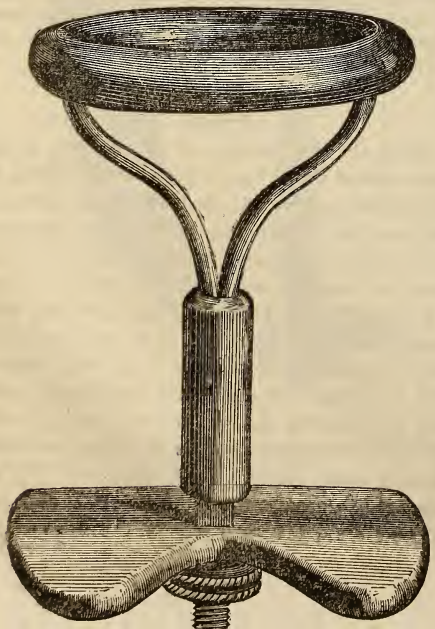


FIG. 9.

OVAL RING ELEVATOR, AND EXTERNAL BRACE, COMBINED, for procidentia, particularly where there is cervicular enlargemnent or inflammation.

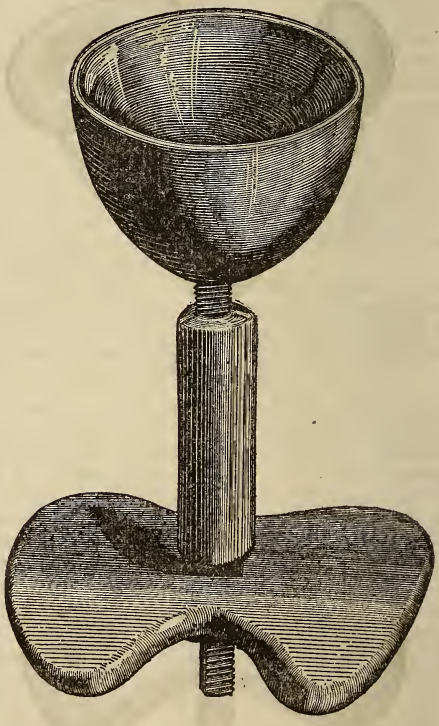


vagina when the uninitiated patient attempts its removal.

In the case of young patients, with no cervicular engorgement, and especially where the external meatus is small, rigid or irritable, the small elevator (Fig. 8) is preferable. But where there is engorgement or uterine tenderness, the oval ring elevator is better, as its fenestrum is so ample as to avoid any impingement of the ring upon the uterus, and all the action is expended upon the cul-de-sac in a uniform action. It should be remembered, however, that there are some cases where an irritable or engorged state of the ovaries or fallopian tubes exists, the ring elevators are inadmissible, on account of impingement upon those diseased parts. In this case the bifurcated elevator (Fig. 7) should be selected, placing the two supporting segments to the anterior and posterior forces of the uterus.

CUP UTERINE ELEVATOR, AND EXTERNAL BRACE, COMBINED, to be selected when the os and cervix are the only points which will bear a supporting contact.

FIG. 10.



In this way, the tender points at the lateral angles of the uterus are protected from the irritating pressure, by the open spaces between the segments.

For the details touching the adjustment of the above appliances to flexions and reunions, see 20th Oct. and Nov. 3d Nos. of REPORTER, 1866.

THE

MEDICAL AND SURGICAL REPORTER.

No. 539.] PHILADELPHIA, JUNE 29, 1867. [Vol. XVI.—No. 26.

Original Department.

Lectures.

OVARIOTOMY; WHEN AND HOW TO OPERATE; AFTER TREATMENT.

Abstract from Remarks

Of E. R. Peaslee, M. D.,

At N. Y. Medical Journal Association, May 24, 1867.

Reported by E. S. Belden, M.D.

Mr. President: Three years ago I presented a paper to the Academy of Medicine on Ovariotomy, which was published in its "Transactions." My opinions as there expressed have not materially changed; but as some new things have been proposed since then, it is to these especially that I wish to call your attention this evening.

At that time there still remained some doubt in the minds of certain eminent surgeons whether ovariotomy should be recognized as a legitimate surgical operation or not. I then gave my reasons, and the statistical facts and arguments for the conclusion that it has as high a claim to be thus recognized as any other important operation, and I think very few would now be found to controvert it. During the past five years the operation of ovariotomy in the hands of experienced ovariotomists has done more in proportion to the number of cases operated upon, for the prolongation of life, and less to shorten life than any other surgical operation which can be at all compared with it in point of magnitude. The percentage of lives saved by experienced ovariotomists during this time is probably not short of eighty (80) per cent.; and these are patients who are doomed on an average to die without the operation within twelve to eighteen months, and who, if they are saved thus, are likely to live as long as other women of the same age.

A point then in connection with ovariotomy, of much interest is, that the operation is followed in a very few days, either by death, or, on the other hand, by life and health of indefinite duration, as just stated. If successful, it is to the woman a resurrection. A patient remarked to me, "she felt as though she had commenced an entirely new life." The results suggest the expression of the poet:

"Aut cita mors, aut victoria læta."

If this operation is performed in a case which is uncomplicated, it is one of the most simple of surgical operations. On the other hand, if complicated in a high degree, it is the most difficult and formidable operation the surgeon ever attempts to perform. And not even the most experienced operator can certainly determine beforehand, whether he has a simple or a complicated case. Where he had expected no difficulty at all he may find a condition of things that will require all his coolness, deliberation, and caution, to enable him to get through without leaving his patient dead upon the table. I can say that ovariotomy sometimes demands more of all these qualities, and more care and judgment in the subsequent treatment, than any other I have ever attempted; though during seventeen years of my professional life I frequently performed all the capital operations. This peculiarity has not however been sufficiently recognized.

Encouraged by the facility of operation, and the frequent successes of the most favorable cases, many a physician has attempted ovariotomy, who would never think of attempting any other surgical procedure, not even the amputation of a finger. The results have been, as might be anticipated; the first case of real difficulty, or perhaps the second, terminating alike the operator's zeal and his success. It is, however, the fact that a simple case operated on at the most favorable time, will probably recover in spite of a large amount of operative bungling.

We all know the difficulty of diagnosis, in complicated cases, and the mistakes which have been made, but I omit this topic entirely.

The first question I will consider is, at what period in the development of the disease shall the operation be performed? The question lies of course between performing the operation early, while the patient is still in robust health, and deferring it until she begins to be somewhat reduced by the disease; no one would defer till she is just about to die in consequence of it.

Spencer Wells, and Baker Brown, maintain that the operation should be performed early, in full health. Mr. Hutchison, of London, says it should be performed "as early as possible." Baker Brown once performed this operation when the tumor had been detected only eight weeks before, and had given inconvenience only six weeks. The patient died on the ninth day. Mr. Erichsen, Tyler Smith, and Dr. W. L. Atlee, of Philadelphia, take the ground that this operation should not be performed at this time; but when at length the patient begins to yield to the disease; and in this opinion I concur.

The reason in general, for the first proposition, is that the patient endures a severe operation better if it is performed when she is in full health; a statement which I have not found to be substantiated by statistics—as shown in the paper to which I have alluded.

I cannot here specify all my reasons for deferring the operation till the general health begins to fail, but the following are some of them:

In the first place if the operation is performed upon a patient in full health, she is, other things being equal, more liable to peritonitis after it; and peritonitis destroys about one-fourth of all who die from the effects of the operation. Spencer Wells, operating on patients in full health, when symptoms of peritonitis appear, bleeds them, and in that way has sometimes saved them. And certainly this is very judicious practice, if the operation is performed thus early; but I think it would be better to diminish the risk of peritonitis, by some delay. Besides, if the patient is in good health, she is certainly in no immediate danger; and we make sure of adding a certain amount of time to the patient's life by the delay. And we may often wait six months or a year, and find her still in as good health as to-day.

Again, if we wait, further opportunity, is given to perfect the diagnosis; and every one knows how difficult this is in some cases. Even Spencer Wells, whom I saw perform his 174th and 175th operations last July, and who has now operated over 200 times, still pronounces his diagnosis with caution. But he waits and re-examines the case until he feels very positive; and he has very seldom had to record a mistake. If we wait till the abdomen is largely distended with fluid, it may become necessary to tap her, though still in pretty good health; and this operation may at once clear up all doubt, if any before existed, whether the case be one of ovarian tumor. If the tumor be one which can be very much diminished by tapping, *i. e.*, if there be one or more large sacs—I make it a rule to tap before deciding as to the operation of ovariotomy. Many of the tumors in this region, at first thought to be ovarian, are not so, but are cured by a single tapping. I have had two such cases, and consider this a very important point.

A patient, the wife of a professor in one of the Western colleges called on me some years since, who had seen three or four of the most distinguished surgeons and physicians in this city, all of whom had pronounced her case one of ovarian tumor. I examined her case thoroughly, and had not the least doubt that it was such. She went to a distinguished surgeon in Massachusetts, who had no doubt as to its nature, and offered to remove it immediately if she wished. I declined to do any thing in the case till tapping should be required; after which it would be time to decide respecting ovariotomy. A year afterward, the tumor began to interfere with respiration and digestion, and I considered that the time for tapping had come. I tapped her, but there was no ovarian tumor; and no farther operation was required. The uterus, prolapsed by the pressure of the fluid, soon regained its normal position, under appropriate treatment; she gave birth to a child about seventeen months afterward; and has now enjoyed perfect health for the last five years. The sac was one of those developed in the broad ligament.

I have had another case like the preceding; and by waiting and tapping I found a similar sac, instead of an ovarian tumor, and that no further operation was required.

Spencer Wells has noted a few cases where he had tapped tumors of this kind, with the same result.

The fluid contained in these sacs is as transparent as water, and contains no albumen (certainly in most cases), and has great refractive power. It is entirely different from the ovarian fluid; especially in the fact of the absence of albumen.

Another reason for waiting, is, that the success of the operation is greater, other things being equal, if the tumor is *large;* and this for two reasons, I would not be willing to remove an ovarian tumor that was of the size of a fœtal head in a person of ordinary health.

(1.) If the tumor is large, by its constant pressure upon the peritoneum, the latter is rendered more insensible to irritation and consequent inflammation.

(2.) And another reason for not operating when the tumor is small, is, that if after the incision is closed up, if the patient should vomit or cough, there may be trouble from straining the

muscles, or even from a hernial protrusion through the wound. The latter occurred in one instance where I removed a fibrous tumor of the uterus, and the patient died in consequence. She had a severe cough at the time of the operation, and which she had concealed from me by taking opium, knowing that I would not operate if I discovered it. Three or four hours after the operation she began to cough violently. This I could not control; and the consequence was, a hernial protrusion between the needles, although they were but half an inch apart. As I was sixty miles from the patient when the hernia occurred, the bowel mortified before it was reduced, and she died six days after the operation.

As an argument against the assertion that a person in full health bears this operation, or any severe operation, better than when somewhat reduced in health, consider the following fact. If we divide the amputations of the lower extremity into two classes; first, operations performed upon persons in full health, as for elephantiasis, or in consequence of accidents, etc., called amputations of expediency or of necessity; and second, operations performed upon patients somewhat exhausted by disease, called expediency, pathological amputations, as those for diseases of the joints, etc. It has been found that while in patients of the first class (amputations upon persons in full health), 42 per cent. die; in amputations of the second class, only 14 per cent. are fatal. An operation upon an ovarian tumor, while the patient is in full health, is literally as well as logically an operation of expediency; and here, as with amputations, the best time for operating is, when the health of the patient is somewhat reduced. No ovariotomist has had better success than Dr. TYLER SMITH, and he acts upon this principle, as I have before stated.

I have now under my observation some ten cases; some of which I have kept waiting a year or more; while others who, determined to have the operation performed, have found those willing to operate, have succumbed. I have not yet had to regret deferring the operation, as I have explained.

In regard to the operation of ovariotomy itself, I can here only consider the incision; and the manner of treatment the pedicle of the tumor removed. In regard to the incision, the rule is, that it at first should not be more than one or two inches long, through the peritoneum, but somewhat longer of course through the skin, etc., than internally. Next I pass a steel bougie into the peritoneal cavity, and around the tumor, if possible, to ascertain if there are any adhesions. Afterward the incision is to be enlarged, or not, as may be required; the rule being to leave it as short as will answer the purpose. It should, however, always be regarded as merely explorative, until the operator has decided that the tumor is to be removed. If he finds that there are extensive adhesions, or especially if to the alimentary canal, uterus, or bladder, it is very much better to make a long incision at once, that the adhesions can be seen before they are torn across; else they may be torn from the intestine, bladder, or uterus, instead of from the tumor, and troublesome hemorrhage may take place into the cavity of the peritoneum.

The tumor having been taken away, how shall we treat the pedicle? If the pedicle were in no danger of bleeding after its division, all operators would agree that it should be returned into its natural position, and the wound be closed up. But the *only* thing that we can rely upon, to prevent hemorrhage from the pedicle to the greatest possible certainty, is a ligature tied in a knot. If we have tied it tight enough to stop the circulation there, even for a few minutes, we may feel very sure it will serve us, unless it subsequently slips off. I shall consider other methods further on.

But if the ligature is used, then the question arises whether it should be cut off short or left hanging out of the wound. The objection of SPENCER WELLS, to the ligature, is, that it always produces a sloughing of the stump of the pedicle. (The ligature being doubled and carried through the middle of it, one half is inclosed on each side.) "If it is cut off short, the result will inevitably be," he thinks, "that the ligature and the stump of the pedicle will slough off and remain in the abdominal cavity." But if the ligature is not cut short, of course it will be all the same so far as the slough is concerned.

SPENCER WELLS has even suggested the idea that, on the whole, it would be better to leave these ligatures coming out of the lower end of the wound; since inasmuch as there must be a slough, the dead, putrefying matter thus formed in the abdominal cavity, in this way, finds a conduit, which, by capillary attraction will drain it off.

Dr. ROUTH, who also takes the same view, made some experiments upon the lower animals, and found that dead meat, even if fresh, in the abdominal cavity produced a low putrid fever, of which they died.

It is, however, a fact, that as large a proportion of the women treated in this way, by ligature, have recovered, as of those treated by other methods; and it is also true that most of them

had no symptoms of low fever. None of my patients have had any such symptoms, except as evidently produced by other causes, and I have always used the ligature.

Dr. Tyler Smith operated upon eight patients, with the ligature cut short, and they recovered without any symptoms of low fever at all.

And the very fact that patients do recover thus without fever, shows that no absorption of putrid matter has taken place, and therefore that no such has been formed. This was the conclusion I arrived at three years ago, when I read the paper to which I have referred. I have since had opportunity to demonstrate its correctness.

My first six cases were treated with ligatures, the end hanging out of the incision, and they all recovered. Since then, I have had an opportunity of examining two of my own cases that terminated fatally, in which I applied the ligature, and cut it short. They both died seventeen days after the operation. I have also examined another case lost, by another operator, after similar treatment of the pedicle. In none of these case did any slough occur. In one instance, the ligature had actually cut off the portion which was included in it. In another, it had cut it to that extent, that there was left only enough to half fill the loop; and in a third, the ligature was so entirely covered up, that I could with difficulty find it. But in every case there had been an exudation of plasma over the stump and ligatures, which had nourished the part which was beyond the ligature, and attached it to the living tissue in its neighborhood. I state, therefore, without any hesitation, that I consider the point demonstrated, that there is no slough of the pedicle when we put a ligature around it, as I have explained. And, if there is no slough, what is the use of leaving one end of it hanging out of the wound? It seems to me, at the present time, therefore, that the best way to treat the pedicle is, to apply the ligature, cut it short, and close up the whole incision. Still, Spencer Wells most frequently used the clamp, though he recently stated that he is not yet decided which is the best way to treat the pedicle. I cannot here speak of the relative merits of the clamp, nor can I recommend the ecraseur, though it has several times succeeded.

The actual cautery has been applied to the pedicle by several operators, but more frequently, of late, by Baker Brown. Nearly a year since, I saw him perform his 101st and 102d operation of ovariotomy, and 32d and 33d, in which he had applied the actual cautery to the pedicle. In one of the two cases, the bleeding was not arrested by the hot iron; and he then applied the ligature in the common way, and cut it short. The same has been done in several previous cases; and, of course, all these should have been reported as cases of treatment with the ligature, and not with the actual cautery.

Finally, it may, in time, be demonstrated that the ligature is preferable in one class of cases; the clamp in another, and the actual cautery in a third. Meantime, I hold this up to the present time, the ligature, as an exclusive method, is to be preferred.

Before closing up the wound, it is a question of much importance whether the blood, and other fluid emptied into the peritoneal cavity shall be sponged out or not. My opinion is decidedly that it should be. In every case of my own, I have undertaken to remove every drop of fluid. I lost one patient from septicæmia, produced by a small amount of blood becoming decomposed, which flowed from the omentum after the operation. I see no reason to doubt that the patient would have recovered if the blood had not been there. I have had three cases in which the patients must have died, if I had not reopened the incision, and washed out the putrified fluid in the peritoneal cavity. My idea has long been, and still is, that where, on the one hand, there is no danger in putting into the peritoneal cavity, a sponge, first dipped in warm water; on the other hand, it may be of the greatest importance to do this. The peritoneum should also be included in the sutures closing up the incision. If we leave the edges of the peritoneum gaping, as they will do otherwise, we will have a granulating surface, and the intestines, wherever they touch this surface, become adherent to it. Experiments upon the lower animals have shown this. Then, when the pus forms, it falls into the peritoneal cavity, and septicæmia will probably ensue. But I close with a few remarks on the after treatment.

I consider that there is much more responsibility attached to the after treatment of a case of ovariotomy, unless it is a very complicated one, than there is to the operation itself. I suppose I have been urged to perform this operation at least one hundred times, where I have declined, because the circumstances forbid my taking charge of the after treatment. In assuming the after treatment of a case, I consider that I am incurring at least three-fourths of the responsibility, and nine-tenths of the anxiety.

In regard to opiates, I think just enough should be given to keep the patient free from pain, and comfortable; not enough to stupefy. I like the action of McMunn's Elixir of Opium, better than of the other opiates, administered by the rectum

if the stomach is irritable. I do not use strong doses of opium as soon as the operation is over, as I consider this very objectionable. The patient should be allowed to regain her consciousness as soon as the operation is over. The operation, together with the ether, has been depressing enough, and nothing more of the kind should be given until we see whether the patient is going to rally or not, and then is the time to give the opium. I have sometimes given a patient only thirty drops of McMunn's Elixir for the first two or three nights, and no more during the treatment. Baker Brown and Spencer Wells have given up the idea of large doses of opium immediately after an operation.

After the first week is over, very little is to be done, under ordinary circumstances. If septicæmia sets in from decomposed fluid in the peritoneal cavity, I would re-open the incision. I know of no better treatment sufficient to allow the introduction of an elastic bougee, and inject blood-warm water, and let it at once return. The mixture of water and the putrid fluid cannot be as injurious as the fluid alone. The first time that I acted on this idea (in 1855) the patient was stupefied by the poison. I injected one quart of water, and she immediately looked up and said she felt as though she had taken a bath. I relieved her in this way every day for a week, using two quarts to a gallon of water at a time. When I found the fluid very fetid, I used the *liquor sodæ chlorinatæ*, in the proportion of two drachms to the pint of water; finally, it returned without any odor at all, and from that time commenced a perfect recovery. In another case I resorted to these injections once or twice daily for fifty days: and, in a third case, I injected one hundred and thirty-five times in seventy-eight days. These three patients reecovred, though I feel positive they would all have died, had not the decomposing matter been washed out of the peritoneal cavity. I also combined with the injections, the sulphate of quinine, and the hypo-sulphite of soda.

The Empress Charlotte.

We regret to learn that the mental condition of the Archduchess Charlotte, Empress of Mexico, shows no signs of improvement. Under the stress of the peculiarly distressing symptoms with which mental alienation is accompanied in her case, the committee who have been charged by the Emperor of Austria with the administration of her affairs and her personal charge, have proposed to have a consultation of eminent European alienists, naming for the purpose—Dr. Griesinger, Berlin; Dr. Morel, Paris; and Dr. Maudsley, London.—*Brit. Med. Journal.*

Communications.

A CASE OF TRAUMATIC TETANUS SUCCESSFULLY TREATED.

By W. L. Duckworth, M. D.,
Of Brownsville, West Tennessee.

I desire to place before the profession the history, and I am glad to say, the successful treatment of a case of traumatic tetanus, which recently came under my care. The history of the case was in brief as follows:

On the night of the 28th of February last, I was called to see a stout copper-colored negro woman, age 33 years, who had received a severe wound from the accidental discharge of a gun in the hands of her husband. I ascertained that the patient and her husband were both in a small room, that patient, having started out, stopped just at the doorway to speak to her husband, who was triggering with his gun. While speaking, her right shoulder was toward him, while she was supporting herself against the wall with the left hand, probably elevated as high as her head. While in this position, the gun, which was an infantry rifle, heavily charged with squirrel shot and two large tow wads, discharged, cutting away the left tip of the chin and a large quantity of flesh at a point about midway between the left mammary gland and the summit of the shoulder of the same side, leaving a sort of scooped excavation about half an inch deep, and two by three inches in superficial extent. Entering again about midway between the coracoid process and the internal commissure of the left axilla, the whole load, with the exception of a few shot which passed out, was lost in the sub-humeral tissues. One of the wads was removed, but the balance of the charge could not be found. The patient complained all night of great pain and numbness in the left hand. The following day it left the hand and localized between the elbow and shoulder, where, after two or three days, it subsided. The inflammatory, suppurative, and sloughing processes followed in their natural order and time, so that by the 8th of March, the reparative process was well established, with freedom from pain, good appetite and sleep, soluble bowels, etc.

On the 10th, she complained of "night sweats," and with it a curious phenomenon, which at the time I supposed was but some mysterious nervous freak, but which I am now satisfied was the precursor of what soon followed. It was, in her language, "foolish fits," in which there was a temporary suspension of the action of the intellect, heart, and lungs, and of the latter until

she would turn black in the face. The sweating was promptly suppressed, and with it disappeared all the strange phenomena.

On the 12th, her wound seemed to be doing admirably, and she represented her condition as perfectly comfortable, except there was a slight sensation of stiffness about her neck which she could not exactly describe or locate, and which she did not represent as painful, but simply sufficiently annoying to be noticeable.

I left her without taking any steps to combat this symptom, but with the strict injunction, that should anything new or unaccountable arise, I should be sent for at once. Accordingly, on the 15th, I was called about noon. Patient informed me that she had slept none the previous night, the latter part of which had been spent in great pain, and drawing of the muscles of the left side of the neck and face, and that the "rack" had continued until ten o'clock that morning. On examining, I found the trapezius muscle in a state of firm tonic contraction, carrying patient's head back, giving it a direction intermediate between a lateral and posterior line. The muscles of the left jaw were so impaired as to render mastication impossible — though not fixed, yet so far restricted as to make their reasonable extension beyond the strongest effort of the will. The orbicularis of the left eye was likewise contracted, giving it the "peculiar squint;" the tongue was covered with a thick white fur; pulse about 110 beats per minute. No appetite, while both the bowels and kidneys seemed to be in a state of torpor.

Of course there could be no doubt about the diagnosis of this case. So, after a little deliberation, I determined on a treatment that should have for its object, purgation, counter-irritation and sedation. I accordingly administered twenty grains of calomel, placed a narrow strip of blister plaster (of the common "ceratum cantharides") on the back of her neck, extending downward from the transverse occipital ridge about fifteen inches, and directed her to have four grains of quinia accompanied with a quarter of a grain of morphia, every two hours, until she had taken twenty-four grains of the former. On visiting her on the morning of the 16th, I found all the symptoms aggravated, tongue more heavily coated pulse irritable, and quickened to about one hundred and twenty beats. She had slept none. As in the previous night, she had severe spasms in the after part of the night, and early part of the following morning, and was far from being comfortable when I saw her (then noon). The muscles, before involved, had become more rigid, while all those of the left side of the neck, and about the root of the tongue, seemed to be involved. I found the bowels had been pretty well moved, also that the plaster had produced the desired effect. I directed the blister to be kept open with a stimulating dressing extemporized of beeswax, sheep tallow, and oil of turpentine, but, much to my displeasure, I found that only half the quantity of quinia and morphia had been given which I had directed. I increased the quinia to ten grain doses, and the morphia to half a grain, so as to administer forty grains of the former and two grains of the latter in the next twelve hours; the morphia, however, to be continued every two hours, until sleep and quiet were obtained.

On the morning of the 17th, she showed about the same constitutional symptoms, and gave about the same account as on the two previous mornings. She had slept none, she had had her usual spasm, etc., the only change being that she showed some signs of being under the influence of quinia, and that the disorder had made no progress since I last saw her. I continued the quinia, as to the time and quantity, precisely as on the previous day, but raised the morphia to nearly grain doses.

I saw her on the evening of the 18th. She had made some rather blundering efforts at sleep, and contrary to the three previous mornings, she had missed her spasms, or "racks," as she styled them. She was fearfully under the influence of quinia. Her pulse was about one hundred and forty and perfectly thready; skin was cool and sweaty, presenting to the touch much the same sensation as that of a delicate kid glove; her face wore a sickly, cadaverous aspect, while her voice was entirely deficient, or so much so, that she was unable to speak above a whisper. Whether this last symptom, however, was the result of weakness, or that of some of the muscular tissues of the vocal apparatus being invaded by the disorder, does not to me appear clear.

When I saw her on the morning of the 19th, she had recovered measurably from her extreme prostration, though still weak and sweating. She had slept better and had missed her paroxysm as on the previous evening. Being satisfied that the disorder had been arrested, I discontinued the quinia entirely, and withdrew the morphia gradually, so as to discontinue it entirely on the 21st. As soon as the bowels and secretions in general, which had been locked up by the free use of anodynes, were opened up, perfect tranquillity obtained, appetite returned and sleep became natural as before. The rigidity which, up to this

time, had shown but little disposition to give way, began now gradually to relax, so that on the 30th, it had entirely disappeared. Unfortunately, however, about this time, severe pain and high inflammatory action set up in the arm, which resulted, in two or three days, in a spontaneous opening on the back of the arm about six inches below the shoulder joint, from which escaped a large tow wad and some shot, followed by a purulent discharge and a gush of blood, which could never be suppressed; so that, my poor patient died on the 3d of April of secondary hemorrhage, which was probably induced by sloughing of the basilic vein, as the hemorrhage was venous.

During the sixty hours which covered the treatment of this case, the patient took ninety-two grains of quinia and twelve grains of morphia. I endeavored to watch closely the comparative effects of these last two mentioned remedies in this case, from which, I am satisfied that quinia was *the great beneficial agent* employed. Further, that bolder counter-irritation and ten grain doses of quinia from the beginning, would have been an improvement on the above treatment.

CONTRIBUTIONS TO TOXICOLOGY.

By P. H. VANDER WEYDE, M. D.,

Late Professor of Chemistry and Toxicology in the New York Medical College.

(Continued from page 518.)

No. 5. Mercurial Methide.

This substance is prepared by heating in a flask ten parts of iodide of methyl, one part of acetic ether, and a small quantity of sodium amalgam. After cooling, the mixture is distilled, the water poured off, the acetic ether removed by alcoholic potassa, and the remainder washed with water. It contains more than four-fifths of mercury by weight.

The following instances show the injurious effects of the vapors of mercurial methide on the human system.

A chemist in England, occupied for ten years in his business, was during three months engaged in the preparation of this substance, and undoubtedly was continually inhaling portions of the vapor. He began to suffer from impairment of sight, afterward numbness of the hands, deafness, and general weakness. His gums became sore, swollen, and tender. He moved his limbs slowly and spoke indistinctly. He became worse and worse after being removed to the hospital. His breath and whole body evolved a very offensive odor. He became maniacal, and died in fourteen days after admission to the hospital.

In the beginning of 1865, another chemist in Edinburgh, worked about two weeks with mercurial methide. Two months afterward, he went to the hospital with serious symptoms of the effect of this poison. He soon became idiotic, recognized nobody, became deaf, lost the faculty of speech, and only retained the power of muttering and crying out. He is still living in the hospital, a helpless idiot, with no prospect of recovery, only able to move his limbs convulsively when he becomes violent.

Medical Societies.

56th ANNUAL MEETING OF THE RHODE ISLAND MEDICAL SOCIETY.

The fifty-sixth annual meeting of this Society was held in the Rooms of the Providence Franklin Society, on Wednesday, June 5th, 1867. The President, Dr. OTIS BULLOCK, of Warren, occupied the chair. The report of the trustees of the Fiske Fund was presented. They announced the subject of the Prize Essay for the ensuing year to be,

"The lessons of the late war; in what has the science of medicine thereby been advanced."

For the best essay upon this subject they offer a prize of $500. All essays to be forwarded to S. AUGUSTUS ARNOLD, M. D., Providence, on or before May 13th, 1868. Each essay to be accompanied with a sealed envelope, containing the name and address of the author.

The report of the Committee on Abortion, presented by Dr. E. M. SNOW, was read, accepted, and referred to the Publication Committee. The report stated that a memorial had been presented to the General Assembly at the January Session, and the Assembly had passed a stringent act upon this subject, which was in all respects satisfactory, and which had already had the effect to prevent the open advertisements of abortionists in this State.

The Society then proceeded to elect officers for the ensuing year, as follows:

President—OTIS BULLOCK, of Warren.

Vice-Presidents—J. W. C. ELY, and GEO. L. COLLINS, of Providence.

Recording Secretary—GEO. E. MASON, of Providence.

Corresponding Secretary—C. W. PARSONS, of Providence.

Treasu'r—FENNER H. PECKHAM, of Providence.

Librarian and Cabinet Keeper—Northern District, WM. H. TRAVERS, of Providence.

Librarian and Cabinet Keeper—Southern District, T. C. DUNN, of Newport.

Censors—T. C. Dunn, J. W. C. Ely, James H. Eldridge, Joseph Mauran, Johnson Gardner, Lloyd Morton, C. W. Fabyan, Ariel Ballou.

In accordance with the recommendation of the Censors, the following named gentlemen were elected Fellows of the Society:

Drs. William T. Bullock, E. M. Harris, John W. Sawyer, Walter E. Anthony, Oliver C. Wig-

gin, L. F. C. Garvin, H. G. Miller, John Mattison, E. P. Clark, and N. A. Fisher.

Dr. W. Owen Brown then offered the following amendment to the By-laws, which was passed:

It is moved that section 1st, chapter 1st, of the By-laws of the Rhode Island Medical Society, be amended so as to read—there shall be an annual meeting of the Rhode Island Medical Society, to be held in the City of Providence, on the second Wednesday in June, in place of "on the first Wednesday," as it now reads.

By invitation of the President, Warren was selected for the next semi-annual meeting.

Upon motion of Dr. Arnold, it was,

Resolved, That the Rhode Island Medical Society notice with great pleasure at their annual meeting, the presence of Dr. Gibson, of Philadelphia, and Dr. Corliss, of New York.

Resolved, That the Society extend to these gentlemen, the greeting due to such distinguished laborers in Medical Science.

Dr. Gibson thanked the Society, but asked to be excused from speaking, as he had for some time been troubled with neuralgia, and spoke with great difficulty. Dr. Corliss spoke at some length in reply, heartily and humorously.

On motion of Dr. J. W. C. Ely, Dr. George L. Collins was appointed a delegate from this Society to the International Medical Convention at Paris.

The hour for the annual address having arrived, Dr. W. Owen Brown, of Providence, read a very interesting paper upon the Progress of Medicine, after which the Society adjourned, to enjoy the annual dinner, at the Earl House.

Geo. E. Mason, M. D.,
Recording Secretary.

Editorial Department.

Reviews and Book Notices.

NOTES ON BOOKS.

Although the bulls have it all their own way in Wall street, and gold still rules at a premium that scares away all idea of importing largely, there are doubtless many of our readers who will be glad to know what fruit medical literature is and has been offering to the profession in Europe. Not going any further back than this year, we shall, therefore, briefly specify the works which have appeared on the various branches of medicine, and add their price. Should any entertain the idea of purchasing, let them reduce this price to American gold and multiply it by two, and they will approximate closely enough to what they will have to pay when the volume reaches them.

In Surgery, Dr. J. Neudorfer, of Leipzig, has brought out the first half of his *Handbuch der Kriegs-Chirurgie* (pp. 366, price 2 thalers), mostly founded on his own experience in the Italian and Austrian wars. So far as published, it is historical, treating of the progress of surgery up to the present. The medical department of the Prussian army, during the campaign, has received especial attention in a little work by Dr. P. Von Naranowitsch, printed at Berlin (pp. 54, price 15 groschen). The friends of the late Professor Schuh, of Vienna, have collected various contributions to journals and unpublished essays on surgery he prepared, and have brought them out in one thick volume with woodcuts (pp. 931, price 4 thalers 10 groschen). They are doubtless of value as he was a skilful operator. "Osteomalacia and Rachitis, especially as they appear in Domestic Animals," (pp. 71, 10 groschen), is the title of an article by Dr. Roloff, taken from the archives of Pathological Anatomy of the Academy of Berlin. Few points in surgery are of greater interest than these diseases of the bone. A somewhat kindred work is that by F. Ollier, of Paris, entitled, "Traité expérimental et clinique de la régénération des os et de la production artificielle du tissu osseux." An exhaustive work of nearly a thousand pages, with 9 plates and numerous woodcuts, (30 francs).

In special departments of surgery, opthalmology has been receiving the most attention.

We have in France, Dr. Giraud-Teulon, "*De l'œil, notions élémentaires sur la fonction de la vue et ses anomalies*," with various cuts, (2 francs); and Dr. Goubert's "De la perceptivité normale et surtout anormale de l'œil pour les couleurs, spécialement de l'achromatopsie ou cécité des couleurs;" wherein color blindness is examined in all its manifestations. While in Germany there have recently appeared a treatise by Engelmann, T. W., "Ueber die Hornhaut des Auges," *Leipzig* (12 groschen), a tract of 42 pages, and a continuation by Professor H. Gerold, of Giessen, of his "Ophthalmologico—Clinical Studies," the first of which, on the Degree of Light proper for various wards of Eye Hospitals, appeared in 1862. The present, a pamphlet of 49 pages (10 groschen) is on the therapeutical value of colored diopters. Of more general importance are the reports of the Eye clinic in the Vienna University, from 1863 to 1865, just sent forth under the supervision of Alt, Tetzer, Rydel and Becker, illustrated by six lithograghic plates and wood cuts, (Bericht über die Augenklinik der Wiener Universität.) (*Price*, 1 thaler 20 groschen).

The result of cancer of the vertebra as indicated by general paralysis, are examined by Dr. Tripier in a monograph "Du cancer de la colonne vertébrale et de ses rapports avec la paraplégie douloureuse" (sold at 3.50 francs); Dr. Bertholle treats of foreign bodies in the air-

passages in a monograph "Des corps étrangers dans les voies aériennes," published at Paris. And a careful work on dentistry has appeared by Dr. MAGITOT, "Traité de la carie dentaire, recherches expérimentales et thérapeutiques" (pp. 232, 7 francs).

In the practice of medicine, diseases of the air passages seem attracting most attention. Dr. G. DUNCAN GIBB has issued a second edition in London of his treatise on "The Laryngoscope in Diseases of the Throat" (pp. 162, 8 shillings), and Dr. G. MOORE "On Some Diseases of the Nose, Throat, Air Tubes, and Lungs" (pp. 104, 3 sh.), investigates the same topic.

On the Continent we have from Professor L. TRAUBE, of Berlin, the commencement of a series of lectures on "Die Symptome der Krankheiten des Respirations- u. Circulations-Apparats," which will be complete in five or six instalments, of about 170 pages each (at 1 thaler 10 groschen each), the first of which only has appeared. In Paris, Dr. TONY MOILEN has just published "Maladies des voies respiratoires, des fosses nasales, de la gorge, du larynx et de la poitrine." (pp. 307, francs, 5.)

On more general topics the firm of GERMER-BAILLIÉRE, of Paris, have just issued CHAUFFARD's "De la spontanéité et de la spécificité dans les maladies," (2.50 francs); and a work by ROBIN, "Leçons sur les humeurs normales et morbides du corps de l'homme," avec 24 fig. intercalées (for 14 francs).

The hygiene of children has been discussed by Dr. MONOT in a work "de l'industrie des nourrices et de la mortalité des petits enfants" (*pr.* 3 francs), and that of priests by Dr. MASSE in his little book, "Avis au clergé. L'hygiéne du prêtre. Le prêtre et la médicine. (2.50 francs.) Other novelties of the Parisian press are:

HERVIEUX (Dr.), "Des péritonites puerpérales aiguës partielles et de leur traitement."

LEFRANC, "Etude botanique, chimique et toxicologique de l'Atractylis gommifera" (the el Heddad of the Arabs, which they chew as Americans do tobacco).

LEGRAS. "Contribution à l'emploi thérapeutique de l'alcool. (3.50 francs).

LEGROUX (Dr)., "Essai sur la digitale et son mode d'action" (2 francs); from the founder of modern scientific electro-therapeutics, Dr. DUCHENNE, "Physiologie des mouvements, démontrée à l'aide de l'experimentation électrique et de l'observation clinique et applicable à l'étude des paralysies et des déformations, avec 404 figures dessinées d'après nature" (14 francs); Dr. P. FOISSAC, "De l'influence des climats sur l'homme et des agents physiques sur le moral. 2 vol." 1288 pp.; and J. C. CHARAZAC, "La clef du diagnostic, ou vade-mecum de l'élève et du praticien, séméiologie, description, traitement. 470 pp. (6 francs.)

Finally we may close our list with FEHR, ADT, "Ueber die amyloide Degeneration insbesondere der Nieren. Inaugural dissertation. *Bern*, 1866. [*Stuttgart, Gebr. Scheitlein.*] 8vo. VIII, 164 pp. (24 groschen); BARELLA, H., "De l'emploi thérapeutique de l'arsenic. vue et augmentée. *Bruxelles*, 1866. 8vo. 566 pp. (14 francs); HUDSON. ALFR., "Lectures on the Study of Fever." *Dullin*, 1867. 8vo. 358 pp. (12 shillings).

The Historical Magazine, and Notes and Queries concerning the Antiquities, History, and Biography of America. Morrisania, New York, H. B. DAWSON, Editor. Five dollars per annum, monthly, 4to. pp. 64.

With the Number for July commences the twelfth annual volume of this most interesting and valuable periodical. We doubt not many of our readers are familiar with it, and those who are not, and who take any interest in the history or antiquities of their country, we earnestly counsel to become so at once by sending in their names as subscribers. For many years it has been the chief and only repertory of American historical and antiquarian knowledge. BANCROFT, EVERETT, PRESCOTT, PARKMAN, SHEA, SCHOOLCRAFT, and nigh all the other distinguished writers on such topics have been contributors to previous volumes; and we venture nothing in saying that now no one can claim to be acquainted with the past of our country, who has not long and closely consulted its pages. Its present editor is well known for his uncompromising impartiality and minute accuracy in the search for historic truth, and we need not fear for its continued excellence in his hands.

MERCURIAL VAPORS.—M. BOUSSINGAULT has laid before the French Academy of Sciences his researches into the effects and counteractions of the vapors of mercury, which destroy or reduce to imbecility and misery so many lives in certain branches of manufactures. The deadly influence of these vapors on plants, and the effect of sulphur in neutralizing them, had been carefully defined. REGNAULT considers the best reagent against the vapors of mercury to be an iodized daguerreotype plate, but BOUSSINGAULT maintains that the sensibility of the plates is as nothing compared with that of plants.

—— A petition has been presented to the French Senate asking that all mothers be compelled to nurse their own children.

Medical and Surgical Reporter.

PHILADELPHIA, JUNE 29, 1867.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

CLOSE OF THE SIXTEENTH VOLUME.

This number closes the Sixteenth volume of the Medical and Surgical Reporter. During the past six months, we have published many very valuable communications, more, probably, than during any previous six months. The number of original contributors to the volume is considerably more than *one hundred*, and larger than we ever had before during the same time. As an *original* and *practical* work, we think we can safely say, the Reporter has no rival.

The organ of legitimate medicine as represented in the profession of the *whole country*, we have aimed to represent the general interests alone of medical men; and while, in the management of the work we have been independent, we have not been insensible to the friendly criticisms of correspondents, and have endeavored to shape our course in all non-essential matters, by the voice of the profession gathered from the free expression of opinion in probably the largest medical correspondence that ever centered in one office. While we deprecate long letters of advice, we have always invited, and are glad to receive, brief suggestions from our readers, reserving to ourselves the right to judge of the extent to which it is best to follow the suggestions given. The Reporter is a representative of what is known as legitimate or rational medicine alone, and is bound by all the ethical rules and regulations which have been established by the wisdom of our profession; but, it is not, and we trust never will be, so "conservative" that it will not be prepared to lead—or to follow, if it may not be the leader—any and all improvements in either practice or ethics, that are based on reason and sound philosophy.

The vehicle of communications from the best minds in the profession, the Reporter must necessarily be a leader, and not a follower, and its general influence is intended to be, and should be, to elevate the profession; and we are proud to believe that there is no influence at work in our country, that is doing more then this journal to raise the status of medical men. As we have been in the past, we expect to be in the future, "yea, and much more abundant."

PARTON'S PUFF.

In the June number of the *Atlantic Monthly*, Mr. Parton has an article entitled, "The City of St. Louis," in which he gives a description, which he would have us think is correct and fair, of the past and present of that western metropolis. Mr. Parton's attempts to whitewash various notorious characters, are sufficiently well known and appreciated, to permit us to dispense with stating what is the general opinion of his truthfulness as a historian. We, therefore, did not commence this article with any sanguine anticipations of minute accuracy or impartial observation. If we had, we should have been disappointed, for so vague is this would-be historian's knowledge of common events in our past, that *twice over* he perpetrates the blunder, which any school-boy of average smartness might correct, of stating that "the first steamboat ascended the Mississippi river in 1815," when, in point of fact, four years before that time, steamboats were making regular trips from Pittsburgh to New Orleans!

But it is not as a historian that we at this time speak of Mr. Parton. It is because of an offensive breach of good taste and sound judgment, in which he indulges in that article, to which our attention has been called by a correspondent. In its closing paragraphs, he takes advantage of the opportunity to fling a sneer at the medical profession, as false in fact as it is bad in taste. He lauds, by name, an insignificant homœopathist of St. Louis, and speaks of him, as that "brilliant young surgeon, so powerful an enemy to drugs, whose practice is the largest west of the Alleghany Mountains;" and refers, with great apparent contempt, to those whom he calls "calomelists."

We do not expect sound views on medicine from Mr. Parton, any more than we do in politics or religion. But we do expect, and we have a right to demand, that the *Atlantic Monthly* shall refrain from admitting to its columns false and injurious aspersions on a liberal and learned profession, in which it has many subscribers, and not a few contributors.

On this subject we have received an earnest protest from our correspondent in Illinois, in which, speaking the sentiments of every honorable physician who read this gratuitous puff of a quack, he says:

"There are many thousands of medical men, who read the *Atlantic Monthly*, thousands of them in the West, who read and enjoy the literary feast spread before them on its pages, and there is not one of them but feels angry at the man who penned such a glaring falsehood for their perusal

"We, of the West, know who it is that is leading the van in scientific medicine and surgery; and we know, too, that no homœopath can be found here, who has ever made any improvement in surgery, or who possesses any eminence as a surgeon whatever. None can be found.

"Therefore, whether Mr. PARTON be a believer in spiritualism, free-love, or Homœopathy (for a believer in one is often a believer in the others) let us be spared their praises, and he will better please many of his readers."

This is not the first time that we have noticed the *Atlantic Monthly* allow itself to be used as an advertising medium for Homœopaths; but we had hoped that it would have become cognizant of the unworthy position in which it thus placed itself, and cease in future. We had expected that the medical gentlemen, who, if rumor speaks true, are connected with its editorial department, would have protested against such laudation of pseudo-science, for their own sake, and for truth's sake. It is enough that in nearly every secular and many a religious newspaper, we see charlantanism in one or other of its thousand forms, enticing the weak minds and the ignorant and prejudiced brains to waste their money, their morals, and their healths. Let us, at least, have our literary journals supported by writers neither credulous nor venal enough to permit their pens to cater for the support and profit of empirics, by parading before the public untruthful and exaggerated statements.

Notes and Comments.

Liability of City Railways.

The following case occurred in our District Court two months since, Judge HARE on the bench:

Eliab Ward vs. *The Green and Coates Street Passenger Railway Company.* An action to recover for medical services rendered. The plaintiff was called in to attend a child that had been injured by one of defendants' cars, they having promised to be responsible for the expenses: plaintiff attended the child for some months and restored it to health. The defense denied their liability. Verdict for plaintiff, $177.

Rhigolene Spray in Uterine Hemorrhage.

Dr. T. C. THOMPSON, of Matagorda, Texas, in a business letter relates the case of a lady "three months enciente threatened with abortion, and after failing with usual remedies to prevent it, an alarming hemorrhage followed, which defied all treatment by opiates and astringents, cold applications, and buckets of water; and while arranging some cloths for a tampon, I was induced to try rhigolene spray to a circle of about two inches in diameter immediately over the womb. Contraction of the inert uterus followed, and of course cessation of hemorrhage. How much less inconvenient and disagreeable such simple means of relief is to the patient, than by flooding the bed, and chilling your patient with buckets, and cloths of water."

Quadruple Births.

An evening paper of this city is authority for the statement that a lady residing on Tatlow street, west of 18th, gave birth to four children, three boys and one girl, on the evening of the 20th inst. The next morning all were doing well.

This is the fifth record we have made of quadruple births during the past six months!

Since the above was written, we have learned that this was a case of triplets—two boys and one girl.

Excessive Rain-fall.

Our weekly meteorological report, though it does not take account of *all* the rain that falls, still shows that for the past several months an unusual amount of rain has fallen. On this subject, Dr. ELISHA HARRIS, of New York, in a recent communication to the President of the Metropolitan Board of Health, says:

"The great rain (nearly five inches depth of water) that fell the 28th and 29th of October last introduced a wet year. During the past ten days the rainfall has been equivalent to *six inches* depth of water. This enormous washing has cleansed the street surfaces, and with the nearly 40 inches depth of rain that has fallen since September last, the earth has become unusually saturated. According to Beardmore's Hydrology, 40 inches rainfall gives 903,338 gallons, or 301,101 barrels, of water [sic!] to every acre exposed to the rain. The six inches depth of water that has rained upon New York since the 8th inst., is equal to 135,500 gallons, or 45,166 barrels of water per acre. Hence, upon any one of our uptown blocks of houses and yards of four acres area, 542,000 gallons, or 180,654 barrels [sic!] of water descended in these June rains. Particularly fortunate are those sections of the city that are so drained as to let this vast volume of water, with its filth-washings, flow directly to the sea; but, unfortunate are those foul and badly-drained districts in which the sun will yet suck up putrescent effluvia from undrained filthy grounds."

Pension Examining Surgeons.

The following appointments of examining surgeons of the Pension Office have been made: S. O. BARRINGTON, Columbus, Wisconsin; THOMAS B. NICHOLS, Plattsburg, New York; G. M. A. BROWN, Weyauwega, Wisconsin; JOHN BAKER, Jefferson City, Missouri.

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]

MARRIED.

Abbott—Farnham.—June 19th, at Trinity Church, Carbondale, Pa., by the Rev. J. McAlpin Harding, the Rev. Benjamin H. Abbott, of Whitestone, L. I., and Sarah Elizabeth, only daughter of Dr. John P. Farnham, of the former place.

Barbour—Middlebrook.—At Rye, N. Y., June 13, by the Rev. Charles W. Beard, James E. Barbour, M. D., of Norwalk, Conn., and Elizabeth A., daughter of George B. Middlebrook, Esq., of the former place.

Bixby—Earle.—In this city, on the 18th inst., by the Rev. James M. Crowell, D. D., Herbert D. Bixby, M. D., of Webster, Mass., and Kate C., daughter of John C. Earle, of Philadelphia.

Bonner—Lavery.—At St. Xavier's Church, Cincinnati, by Rev. Father Driscol, Dr. Stephen P. Bonner and Miss Anna M. Lavery, both of that city.

Lewis—Wilber.—At Pine Plains, Dutchess co., N. Y., June 19, by the Rev. Z. N. Lewis, Mr. Fred. Lewis, of Newburgh, N. Y., and Miss Kate M. Wilber, daughter of Dr. B. S. Wilber, of Pine Plains.

Service—Johnston.—On the 12th inst., by the Rev. John B. Kugler, Howard Service, M. D., and Miss Belinda W. Johnson, all of New Hampton, N. J.

DIED.

Abbott.—Robert O. Abbott, Brevet Col. and Surgeon U. S. Army, died at the house of Dr. E. R. Squibb, in Brooklyn, June 16, aged 43 years.

Miller.—June 7th, 1867, at Enterprise, Lancaster co., Pa., Mary, wife of Dr. A. M. Miller.

Ogden.—At College Point, L. I., June 13, Benjamin Ogden, M. D., aged 70 years.

Picot.—At Geneva, N. Y., on the 16th inst., of marasmus, Weir Mitchell, youngest son of Dr. Mitchell H. and Caroline W. Picot, aged 5 months and 21 days.

METEOROLOGY.

June,	10,	11,	12,	13,	14,	15,	16.
Wind.....	N. W.	S. W.	S. W.	S. W.	N. E.	W.	S. W.
Weather....	Clear.	Clear.	Cl'dy. Sh'r.	Clear.	Clear.	Clear	Clear.
Depth Rain..			2-10				
Thermometer.							
Minimum.....	50°	47°	54°	58°	67°	64°	63°
At 8, A. M.....	64	62	65	72	75	65	79
At 12, M.....	67	72	75	70	81	84	85
At 3, P. M.....	68	72	74	81	83	84	85
Mean.....	62.25	63.25	67.	70.25	76.50	74.25	78.
Barometer.							
At 12, M.....	30.4	30.4	30.2	30.1	30.2	30.2	30.2

Germantown, Pa. B. J. Leedom.

BACK VOLUMES OF THE REPORTER.

We can supply a very few more back volumes of the Medical and Surgical Reporter at $2 per volume *unbound*, or $3 *bound*, except Volumes 4, 5, and 12, which will be $3 each unbound, or $4 bound, and Volume 9, which will be $2,50 unbound, and $3 bound.

☞ Those wishing to complete their sets, should do so soon, as we are constantly reducing our stock, and the prices will constantly advance as the volumes become scarce.

Single back numbers ten cents each. Those wishing particular numbers should give the *whole number*, not that of the volume.

WANTED.

The following numbers of the Medical and Surgical Reporter are wanted at this office, for which we will give credit on subscriptions.

Vol. 4.—Nos. 181 & 188.
" 5.— " 207.
" 12.— " 398, 401, 402, 414, & 416.
" 15.— " 499, 502, 504, 505, 507, 508, 509, 512, & 513.
" 16.— " 517, 524, 526, 527, 528, 529, 533, 534, & 535.

PHILADELPHIA

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OF

MEDICINE,

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D. MURRAY CHESTON, M.D.
HORACE WILLIAMS, M.D.

The Philadelphia Summer School of Medicine will begin its fourth term on March 1st, 1868, and students may enjoy its privileges without cessation until October.

The Regular Course of *Examinations* and *Lectures* will be given during April, May, June, and September.

FEE, $50.

OFFICE STUDENTS will be received at any period of the year; they will be admitted to the Summer School and to the Winter Examinations, and Clinical Instruction will be provided for them at the Pennsylvania, Philadelphia, Episcopal, and Children's Hospitals. They will be given special instruction in the Microscope, in Practical Anatomy, in Percussion and Auscultation, in Practical Obstetrics and Pathology. They will be enabled to examine persons with diseases of the Heart and Lungs, to attend Women in Confinement, and to make Microscopical and Chemical Examinations of the Urine. The Class Rooms, with the cabinet of Materia Medica, Bones, Bandages, Manikins, Illustrations, Text-Books, Microscope, Chemical Reagents, etc., will be constantly open for study.

WINTER COURSE OF EXAMINATIONS will begin with the lectures in the University of Pennsylvania in October, and will continue till the close of the session.

SURGICAL DISEASES OF WOMEN. A Course of Lectures will be delivered by H. Lenox Hodge, M. D., on Displacements and Flexions of the Uterus; Inflammation of the Uterus; Polypi; Fibrous Tumors and Cancer of the Uterus; Inflammation of the Ovaries; Tumors of the Ovaries; Ovarian Dropsy; Sterility; Vesico Vaginal and Recto-Vaginal Fistulæ.

PERCUSSION AND AUSCULTATION in Diseases of the Lungs and Heart, will be taught by James H. Hutchinson, M. D., by Lectures, and by the Clinical Examination of Patients.

The Society of the Medical Institute meets once every month, and essays are read and medical subjects discussed by students.

Candidates for admission to the Army or Navy, and those desiring promotion to a higher grade, may obtain the use of the Class Rooms, and be furnished with private instruction.

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Ferro-Phosphorated Elixir of Calisaya Bark.

Each teaspoonful of the Elixir contains one grain of the Salt of Phosphorus and Iron, and each pint contains one ounce of Royal Calisaya Bark.

The Profession are warned against many imitations of the Ferro-Phosphorated Elixir of Calisaya, made from very inferior materials, and by unprincipled persons.

Ferro-Phosphorated Elixir of Calisaya, with Sub-Carbonate of Bismuth.

This combination has now become exceedingly popular with the first physicians of the country, by whom it is efficiently and successfully used in gastralgia, laborious digestion, acid eructations, nausea, debility, and nervous derangements.

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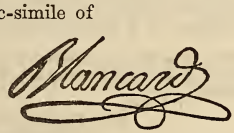

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It has been found by analysis that the oil contains but a small part of the medicinal elements existing in Cod-liver, and that the greater portion is held in solutio· in the waters which have been hitherto thrown away. This solutiou have been reduced to an extract, which extract has been made into pills, which, by being *sugar coated*, have been converted into what the French call dragees.

Professor Garaeau's Analysis of Cod-liver Extract, compared with Analysis of Cod-liver Oil, by De Jongh.

	Cod liver Extract.		*Cod-liver Oil.*	
Oily Acids and Glycerine		none		95.967
Ichthyoglyceine	50.000		none	
Propylamine	2.515		none	
Acetic, Lactic, and Butyric Acids	6.000		.120	
Extractive (undetermined) Gaduin etc	10.620		.318	
Non-oleaginous Organic Constituents		69.165		.438
Phosphorus a·d Phos. Acid	2.090		.113	
Sulphur and Sulphuric Acid	.200		. 71	
Iodine	.154		. 37	
Chlorine with trace Bromine	1·525		.149	
Soda	1 170		. 55	
Magnesia	.366		. 9	
Lime	.5!0		.152	
Potash	.211		none	
Ammonia	2.862		none	
Inorganic Constituents		8.988		.586
Water and Loss		21,747		3.009
		100 000		100.000

The extract is thus shown to contain 135 times as much of non-oleaginous organic substances as the oil, and 15 times as much of inorganic elements. These two classes of bodies together form 78.153 per cent. of the extract, but only 1.024 of the oil. In a tablespoonful of the oil, which comprises 240 grains, there are therefore present hardly 2½ grains of the above matter, while the extract is almost wholly composed of them.

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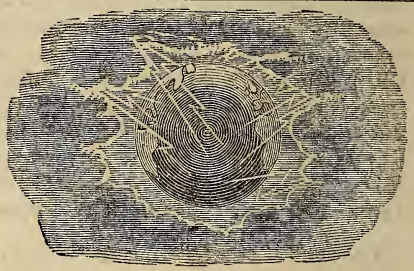

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